	•			
Fill in this information to identi	fy your case:			
United States Bankruptcy Court f	or the:	We see the		
Eastern District of Michigan		m:=		
Case number (If known):	Chapter you are filing under: 52 Chapter 7 ☐ Chapter 11 ☐ Chapter 12	FIL 2016 AUG S. BANKRO D. MICHIG		
Official Form 101	☐ Chapter 13	FIL an an II: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		
Voluntary Peti	tion for Individuals Fil	ling for Bankruptcy 12/15		
joint case—and in joint cases, the the answer would be yes if either Debtor 2 to distinguish between same person must be Debtor 1 in Be as complete and accurate as	tese forms use you to ask for information from both of the transfer of the spouses must reput all of the forms. If the forms, possible, if two married people are filing together, and attach a separate sheet to this form. On the test of the form of the test of the form.	ried couple may file a bankruptcy case together—called a th debtors. For example, if a form asks, "Do you own a car," about the spouses separately, the form uses <i>Debtor 1</i> and ort information as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The both are equally responsible for supplying correct cop of any additional pages, write your name and case number		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
1. Your full name		, and a substitution of the substitution of th		
Write the name that is on your government-issued picture	MARTHA			
identification (for example, your driver's license or	First name M	First name		
passport).	Middle name	Middle name		
Bring your picture identification to your meeting with the trustee.	JACKSON Last name	Last name		
	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)		
2. All other names you	The second se			
have used in the last 8 years	First name	First name		
Include your married or maiden names.	Middle name	Middle name		
	Last name	Last name		
* :	First name	First name		
	Middle name	Middle name		
	Last name	Last name		
3. Only the last 4 digits of				
your Social Security	xxx - xx - <u>8</u> <u>1</u> <u>4</u> <u>6</u>	xxx - xx		
number or federal Individual Taxpayer	OR _	OR		
Identification number (ITIN)	9 xx - xx	9 xx - xx		

Debtor	1
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<u>IARI</u>	<u>HA M. JACI</u>	KSON	Case number (if known)
st Name	Middle Name	Last Name	Case the most to the most of

-							
		About Debtor 1:			About Debtor 2 (Sp	ouse Only in a Join	t Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in	I have not used any busing	ness names (or EINs.	☐ I have not used a	ny business names o	or EINs.
	the last 8 years	Business name			Business name		
	Include trade names and						
	doing business as names	Business name			Business name	· · · · · · · · · · · · · · · · · · ·	
		EIN			EIN — - — — -		
		EIN	— — —		EIN		
5.	Where you live	Man Managarian and Addison Amanyes and a passage and a	— Markent — cak		If Debtor 2 lives at a	a different address:	
		7503 DOBEL					
		Number Street			Number Street		
		DETROIT	MI	48234			
		City	State	ZIP Code	City	State	ZIP Code
		WAYNE					
		County			County		
		If your mailing address is d above, fill it in here. Note th any notices to you at this mai	at the court w	the one vill send	If Debtor 2's mailing yours, fill it in here. any notices to this ma	Note that the court w	t from ill send
		Number Street			Number Street		
		P.O. Box			P.O. Box	-	
		City	State	ZIP Code	City	State	ZIP Code
6.	Why you are choosing	Check one:		de Ciliando Caracida Anguero	Check one:		
	this district to file for bankruptcy	Over the last 180 days be I have lived in this district other district.	fore filing this longer than ir	petition, any	Over the last 180 of last lived in this other district.	days before filing this district longer than ir	petition, any
		☐ I have another reason. Ex (See 28 U.S.C. § 1408.)	plain.		☐ I have another rea (See 28 U.S.C. §		
					<u> </u>		
							
						 -	
							ì

Case number (if known)_____

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144	-

Tell the Court About Your Bankruptcy Case

7.	The chapter of the Bankruptcy Code you are choosing to file under	for Bank Cha	one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing kruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. apter 7 apter 11 apter 12 apter 13					
8.	How you will pay the fee	loca you sub	rill pay the entire fee when I file my petition. Please check with the clerk's office in your cal court for more details about how you may pay. Typically, if you are paying the fee urself, you may pay with cash, cashier's check, or money order. If your attorney is bmitting your payment on your behalf, your attorney may pay with a credit card or check in a pre-printed address.					
		App I red By li less pay	lication quest ti aw, a ju than 19 the fee	ay the fee in installme for Individuals to Pay Tonat my fee be waived (adge may, but is not required for of the official pover in installments). If you continue fee Waived (Official for the waived (Official for the fee waived (Official f	You may uired to, the thousand the	request this opt waive your fee, a at applies to you is option, you m	ents (Official Formation only if you and and may do so or it family size and the Ap	e filing for Chapter 7. In the filing for Chapter 7.
9.	Have you filed for bankruptcy within the last 8 years?	☑ No ☐ Yes.		Eastern Michigan	When When When	03/20/2008 MM / DD / YYYY MM / DD / YYYY	Case number	46825-pjs
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☑ No ☐ Yes.	District Debtor		When			
11.	Do you rent your residence?	☑ No. ☐ Yes.	Go to li Has yo residen No.	ur landlord obtained an evi	iction judg		and do you want to	stay in your

Case number (if known)	
------------------------	--

State

ZIP Code

2. Are you a sole proprietor	☑ No.	✓ No. Go to Part 4. ☐ Yes. Name and location of business						
of any full- or part-time business?	☐ Yes							
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or		Name of business, if any Number Street						
LLC. If you have more than one sole proprietorship, use a separate sheet and attach it				· · · · · · · · · · · · · · · ·				
to this petition.		City		State	ZIP Code			
		Check the appropriate bo	x to describe your busine	ss:				
		☐ Health Care Business	s (as defined in 11 U.S.C.	§ 101(27A))				
		☐ Single Asset Real Est	tate (as defined in 11 U.S.	C. § 101(51B))			
		☐ Stockbroker (as define	ed in 11 U.S.C. § 101(53A	A))				
		☐ Commodity Broker (a	s defined in 11 U.S.C. § 1	01(6))				
		☐ None of the above						
Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	☑ No.	the Bankruptcy Code.	oter 11. 11, but I am NOT a small	business debt	or according to the definition in cording to the definition in the			
Part 4: Report if You Own	or Have	Any Hazardous Prope	erty or Any Property 1	That Needs	Immediate Attention			
4. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety?	☑ No ☐ Yes	. What is the hazard?						
property that poses or is alleged to pose a threat of imminent and	_		needed, why is it needed	?				
property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs	_		needed, why is it needed	?				
property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building	_	If immediate attention is Where is the property?	needed, why is it needed	?				

City

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Δ	hc	hut	De	h	hoi	r 1

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about
credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not	required	to	receive	a	briefing	about
cradit co	ounselina	h	acause o	٠f	,	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case number (# known)	

Part 6: Answer These Qu	estions for Reporting Purpo	ses		
16. What kind of debts do	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."			
you have?	No. Go to line 16b. Yes. Go to line 17.			
	16b. Are your debts prima money for a business or it	rily business debts? Business debts an estiment or through the operation of the l	are debts that you incurred to obtain ousiness or investment.	
	No. Go to line 16c. Yes. Go to line 17.			
	16c. State the type of debts yo	u owe that are not consumer debts or busi	iness debts.	
17. Are you filing under Chapter 7?	☐ No. I am not filing under C	Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is	Yes. I am filing under Chap administrative expens	oter 7. Do you estimate that after any exem es are paid that funds will be available to d	pt property is excluded and distribute to unsecured creditors?	
excluded and	☑ No			
administrative expenses are paid that funds will b available for distribution to unsecured creditors?	e 🗆 Yes			
18. How many creditors do	2 1-49	1 ,000-5,000	25,001-50,000	
you estimate that you	50-99	5,001-10,000	5 0,001-100,000	
owe?	☐ 100-199 ☐ 200-999	10,001-25,000	☐ More than 100,000	
19. How much do you	2 \$0-\$50,000	☐ \$1,000,001-\$10 million	□ \$500,000,001-\$1 billion	
estimate your assets to	\$50,001-\$100,000	□ \$10,000,001-\$50 million	\$1,000,000,001-\$10 billion	
be worth?	□ \$100,001-\$500,000 □ \$500,001-\$1 million	☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million	☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion	
20. How much do you	\$0-\$50,000	□ \$1,000,001-\$10 million	\$500,000,001-\$1 billion	
estimate your liabilities	\$50,001-\$100,000	310,000,001-\$50 million	□ \$1,000,000,001-\$10 billion	
to be?	\$100,001-\$500,000	\$50,000,001-\$100 million \$100,000,001-\$500 million	☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion	
Part 7: Sign Below	□ \$500,001-\$1 million	4 \$100,000,001-\$300 million	☐ Note than \$50 million	
For you	I have examined this petition, a correct.	and I declare under penalty of perjury that	the information provided is true and	
		chapter 7, I am aware that I may proceed, i I understand the relief available under ea		
		nd I did not pay or agree to pay someone of and read the notice required by 11 U.S.C		
	I request relief in accordance v	with the chapter of title 11, United States C	ode, specified in this petition.	
	I understand making a false st with a bankruptcy case can re 18 U.S.C. §§ 152, 1341, 1519	sult in fines up to \$250,000, or imprisonme	money or property by fraud in connection nt for up to 20 years, or both.	
	★ Martha Signature of Debtor 1	Jackson *		
	-		e of Debtor 2	
	Executed on 08 17 MM / DD	16 Executed	I on	

MARTH	A M. JA	CKSON	
First Name	Middle Name	Last Name	

Case number (if known)_	
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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

NONE	Date					
Signature of Attorney for Debtor		ММ	1	DD	/	
NONE Printed name						
Firm name			_			-
Number Street						
City	State	ZIP (Code			
Contact phone	Email address					_
Bar number	State	-				

P. Tell July Editor in 1985 and September 1981. Let U.S. Design Blade I. The Late of the Company of the Company

Debtor 1

MARTHA M. JACKSON

First Name Middle Nam

Case number (if know

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

TO CONTROL WITH THE PROPERTY OF THE PROPERTY O

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious consequences? No Yes	action with long-term financial and legal
Are you aware that bankruptcy fraud is a serious crir inaccurate or incomplete, you could be fined or impr No Yes	
Did you pay or agree to pay someone who is not an ✓ No ✓ Yes. Name of Person	
By signing here, I acknowledge that I understand the have read and understood this notice, and I am awa attorney may cause me to lose my rights or property Marka Juchan Signature of Debtor 1	re that filing a bankruptcy case without an
Signature of Debtor 1	Signature of Debtor 2
Date <u>0\$ 17 2016</u> MM / DD / YYYY	Date MM / DD / YYYY
Contact phone <u>(313)</u> 848-1305	Contact phone
Cell phone	Cell phone

Email address

Email address

Certificate Number: 12459-MIE-CC-027921087



12459-MIE-CC-027921087

CERTIFICATE OF COUNSELING

I CERTIFY that on <u>August 16, 2016</u>, at 7:06 o'clock <u>PM PDT</u>, <u>Martha Jackson</u> received from <u>Abacus Credit Counseling</u>, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the <u>Eastern District of Michigan</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: August 16, 2016 By: /s/Melinda Willett

Name: Melinda Willett

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Fill in this information to identify your case:	
Debtor 1 MARTHA M. JACKSON First Name Middle Name Last Name	
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: Eastern District of Michigan	
Case number	☐ Check if this is an
(If known)	amended filing
Official Form 106Sum	
Summary of Your Assets and Liabilities and Certain Statistical Info	rmation 12/15
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended your original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	supplying correct d schedules after you file
Part 1: Summarize Your Assets	
	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	s 8,400.00
1a. Copy line 55, Total real estate, from Schedule A/B	. 5
1b. Copy line 62, Total personal property, from Schedule A/B	\$ <u>12,502.72</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$ 20,902.72
Part 2: Summarize Your Liabilities	
	Your liabilities
	Amount you owe
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 	\$5,583.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	
Your total liabilities	\$ 65,117.00
Part 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$2,092.33
5. Schedule J: Your Expenses (Official Form 106J)	2 120 00
Copy your monthly expenses from line 22c of Schedule J	\$2,130.00

Last Name

Case number (it known)

Part 4	Answer These Questions for Administrative and Statistical Records	S			
_	you filing for bankruptcy under Chapters 7, 11, or 13?				
Z	No. You have nothing to report on this part of the form. Check this box and submit this f	form to the court with your other schedules.			
7. Wha	it kind of debt do you have?				
Z	Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpo	n individual primarily for a personal, oses. 28 U.S.C. § 159.			
	Your debts are not primarily consumer debts. You have nothing to report on this parthis form to the court with your other schedules.	t of the form. Check this box and submit			
8. From	8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$ 2,964.96				
#***					
9. Cop	9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:				
		Total claim			
Fro	om Part 4 on <i>Schedule E/F</i> , copy the following:				
9a. [Domestic support obligations (Copy line 6a.)	\$0.00			
9b. 1	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00			
9c. (Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	s0.00			
9d. S	Student loans. (Copy line 6f.)	\$8,765.00			
	Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$			
9f. C	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ s <u>0.00</u>			
9g. 1	otal. Add lines 9a through 9f.	\$8,765.00			

Fill in th	is information to identify your case and this	s filing:	
Debtor 1	MARTHA M. JACKSON		
Debtor 2	First Name Middle Name	Last Name	
	filing) First Name Middle Name	Last Name	
United Sta	ates Bankruptcy Court for the: Eastern District of I	Michigan	
Case num	ber		Charle Make to an
			☐ Check if this is an amended filing
Offic	ial Form 106A/B		_
	edule A/B: Propert	<u> </u>	12/15
categor, respons	y where you think it fits best. Be as comple sible for supplying correct information. If m our name and case number (if known). Answ	s. List an asset only once. If an asset fits in more ete and accurate as possible. If two married people ore space is needed, attach a separate sheet to the ver every question. Land, or Other Real Estate You Own or Ha	e are filing together, both are equally is form. On the top of any additional pages,
1. Do vo	u own or have any legal or equitable intere	st in any residence, building, land, or similar prop	ertv?
_	o. Go to Part 2.	or in any residence, sunding, land, or similar prop	orty:
2 1 Ye	es. Where is the property?		
		What is the property? Check all that apply. Single-family home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:
1.1.	7503 DOBEL Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Claims Secured by Property.
	Caracter address, in available, or other adscription	Condominium or cooperative Manufactured or mobile home	Current value of the
		☐ Manufactured or mobile home ☐ Land	entire property? portion you own? \$ 5,200.00 \$ 5,200.00
	DETROIT MI 48234	☐ Investment property	<u> </u>
	City State ZIP Code	☐ Timeshare ☐ Other	Describe the nature of your ownership interest (such as fee simple, tenancy by
		Who has an interest in the property? Check one.	the entireties, or a life estate), if known.
	WAYNE	Debtor 1 only	FEE SIMPLE
	County	Debtor 2 only	
		Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Check if this is community property (see instructions)
		Other information you wish to add about this it	em, such as local
16	and a barrage was the same that have	property identification number: 15003123	
ii you	own or have more than one, list here:	What is the property? Check all that apply.	Do dot dodinat operand claims as assessations. But
4.6	2997 E HIGGINS	☐ Single-family home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:
1.2.	Street address, if available, or other description	Duplex or multi-unit building Condominium or cooperative	Creditors Who Have Claims Secured by Property.
		Manufactured or mobile home	Current value of the entire property? Current value of the portion you own?
		☑ Land	\$ 3,200.00 _{\$} 1,600.00
	ROSECOMMON MI	☐ Investment property ☐ Timeshare	Describe the nature of your ownership
	City State ZIP Code	Other	interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
		Who has an interest in the property? Check one.	FEE SIMPLE
	GERRISH	Debtor 1 only	
	County	Debtor 2 only Debtor 1 and Debtor 2 only	Charle if this is a second of
		At least one of the debtors and another	Check if this is community property (see instructions)
		Other information you wish to add about this item property identification number: 004-224-188-	

16-51573-pjs Doc 1 Filed 08/19/16 Entered 08/19/16 11:19:40 Page 12 of 61 Schedule A/B: Property

Debtor 1	MARTHA M. JA		Case number (# kg	лоwп)	
	First Name Middle	Name Last Name			
	*** ** · · · · · · · · · · · · · · · ·		What is the property? Check all that apply. ☐ Single-family home	Do not deduct secured cla	d claims on Schedule D:
1.3.	Street address, if available	e, or other description	□ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home	Creditors Who Have Clair Current value of the entire property?	
			Land	\$	\$
			☐ Investment property		
	City	State ZIP Code	☐ Timeshare	Describe the nature of interest (such as fee	
			☐ Other	the entireties, or a life	
			Who has an interest in the property? Check one.		
			Debtor 1 only		
	County		Debtor 2 only		
			☐ Debtor 1 and Debtor 2 only	☐ Check if this is co	mmunity property
			At least one of the debtors and another	(see instructions)	
			Other information you wish to add about this ite property identification number:		
2. Add t	the dollar value of the r	ortion you own for a	Il of your entries from Part 1, including any entries	for pages	s 8,400.00
			here		\$ 0,400.00
Part 2:	Describe Your \	/ehicles			
you own	that someone else drive , vans, trucks, tractors, to	s. If you lease a vehicl	st in any vehicles, whether they are registered or re, also report it on <i>Schedule G: Executory Contracts a</i> s, motorcycles		S
3.1.	Make:	JEEP	Who has an interest in the property? Check one.	Do not deduct secured cla	tims or exemptions. Put
J. I.	Model:	GR CHER	☑ Debtor 1 only	the amount of any secured Creditors Who Have Clain	d claims on Schedule D:
		2008	Debtor 2 only	Creditors vvno mave Clain	ns secured by Property.
	Year:	198,652	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:	190,032	At least one of the debtors and another	entire property:	portion you own?
	Other information:		m	s 3,100.00	\$ 3,100.00
			☐ Check if this is community property (see instructions)	Ψ	4
lf you	own or have more than	one, describe here:			
			Who has an interest in the manager 2 Obest and		
3.2.	Make:		Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any secured	
	Model:		☐ Debtor 1 only ☐ Debtor 2 only	Creditors Who Have Clain	
	Year:		Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:		At least one of the debtors and another	entire property?	portion you own?
	Other information:		—		
			☐ Check if this is community property (see instructions)	\$	\$

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Debtor	1
--------	---

MARTHA M. JACKSON	

Case number (if known)_	

	Make:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cl the amount of any secure Creditors Who Have Clair	ed claims on Schedule D:
	Year:	Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	☐ At least one of the debtors and another	entire property?	portion you own?
	Other information:		•	•
		☐ Check if this is community property (see instructions)	\$	\$
3.4.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clair	
	Year:	Debtor 2 only	Current value of the	a de maria de la compansión de la compan
	Approximate mileage:	Debtor 1 and Debtor 2 only	entire property?	Current value of the portion you own?
	Other information:	lacksquare At least one of the debtors and another		•
	Cuter information.	☐ Check if this is community property (see instructions)	\$	\$
4.1.	Make: Model: Year: Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secure Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D:
		•		
lf vou	own or have more than one. list here:			,
•	own or have more than one, list here: Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	ims or exemptions. Put
If you	Make:	Who has an interest in the property? Check one. Debtor 1 only	the amount of any secure	d claims on Schedule D:
•	Make:			d claims on Schedule D: ns Secured by Property.
•	Make:	Debtor 1 only	the amount of any secure Creditors Who Have Clain Current value of the	d claims on Schedule D: ns Secured by Property. Current value of the
•	Make:	Debtor 1 only Debtor 2 only	the amount of any secured Creditors Who Have Clain	d claims on Schedule D: ns Secured by Property.
•	Make: Model: Year:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any secure Creditors Who Have Clain Current value of the	d claims on Schedule D: ns Secured by Property. Current value of the

Case number (if known)

Describe Your Personal and Household Items

Do	you own or have any l	egal or equitable interest in any of the following items?	portion yo	ct secured claims
6.	Household goods and	furnishings		
		nces, furniture, linens, china, kitchenware		
	No Yes. Describe	Household goods and furnishings	\$	3,000.00
7	Electronics			
<i>7</i> .	Examples: Televisions a	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games		
	No Ves. Describe	Electronics	\$	800.00
8.		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles		
	☐ Yes. Describe		\$	0.00
9.	Equipment for sports a Examples: Sports, photo and kayaks;	nd hobbies ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments		
	No Yes. Describe		\$	0.00
10.	Firearms Examples: Pistols, rifles, No	shotguns, ammunition, and related equipment		
	Yes. Describe		\$	0.00
11.	Clothes Examples: Everyday clot No	hes, furs, leather coats, designer wear, shoes, accessories		
	Yes. Describe	Clothes	\$	650.00
	Jewelry Examples: Everyday jew gold, silver No Yes. Describe	elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		200.00
12	Non-farm animals	Jewelry	\$	200.00
	Examples: Dogs, cats, b	rds, horses		
	☑ No ☐ Yes. Describe		\$	0.00
14	Any other personal and	household items you did not already list, including any health aids you did not list	- - -I	
	☑ No			
	Yes. Give specific information.		\$	0.00
		all of your entries from Part 3, including any entries for pages you have attached mber here	\$	6,150.00

0.4	- 4	A .
	и.	

Describe Your Financial Assets

Do you own or have any	legal or equitable interest in	any of the following?		portion y	uct secured claims
16. Cash Examples: Money you	have in your wallet, in your hon	ne, in a safe deposit box, and on hand when you f	ile your petition		
□ No □ Vos					07.00
165			Cash:	\$	27.00
17. Deposits of money <i>Examples</i> : Checking, s and other s	savings, or other financial accou imilar institutions. If you have m	ints; certificates of deposit; shares in credit unions ultiple accounts with the same institution, list each	, brokerage houses 1.	,	
☐ No ☐ Yes					
165		Institution name:			
	17.1. Checking account:	EXTRA CREDIT UNION (UNCLEARE	D FUNDS)	\$	117.00
	17.2. Checking account:			\$	0.00
	17.3. Savings account:			\$	0.00
	17.4. Savings account:			\$	0.00
	17.5. Certificates of deposit:			\$	0.00
	17.6. Other financial account:		· · · · · ·	\$	0.00
	17.7. Other financial account:			\$	0.00
	17.8. Other financial account:			\$	0.00
	17.9. Other financial account:			\$	0.00
				V	
	or publicly traded stocks investment accounts with broke Institution or issuer name:	erage firms, money market accounts			
				\$	0.00
				\$	0.00
				\$	0.00
an LLC, partnership, a	and joint venture	ated and unincorporated businesses, includin	g an interest in		
✓ No✓ Yes. Give specific	Name of entity:		% of ownership: 0% %		0.00
information about them			^	\$	0.00
			0%% 0%%	\$	0.00
				⊅	

Last Name

20	. Government and corpo	orate bonds and oth	ner negotiable and non-negotiable instruments		
			cks, cashiers' checks, promissory notes, and money orders. Innot transfer to someone by signing or delivering them.		
	•		,		
	☑ No ☐ Yes. Give specific	Issuer name:			
	information about			s	0.00
	them			\$	0.00
				\$	0.00
21	Retirement or pension		01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans		
	No	KA, ERISA, Reogii, 4	10 T(K), 403(b), tillift savings accounts, or other pension of profit-sharing plans		
	Yes. List each				
	account separately.	Type of account:	Institution name:		
		401(k) or similar plan:	FIDELITY	\$	3,108.72
		Pension plan:		\$	0.00
		IRA:		\$	0.00
		Retirement account:		\$	0.00
		Keogh:		\$	0.00
		Additional account:		\$	0.00
		Additional account:		•	0.00
		radional docum		V	
22	Security deposits and	•	nade so that you may continue service or use from a company		
	Examples: Agreements		id rent, public utilities (electric, gas, water), telecommunications		
	companies, or others				
	☑ No				
	☐ Yes		stitution name or individual:		0.00
		Electric:		\$	0.00
		Gas:		\$	0.00
		Heating oil:	and unit-	\$	0.00
		Prepaid rent:	ntal unit:	\$	0.00
		Telephone:		\$	0.00
		Water:		\$	0.00
		Rented furniture:		\$	0.00
		Other:		\$	0.00
		_		3	
23	. Annuities (A contract fo	r a periodic payment	of money to you, either for life or for a number of years)		
	☑ No				
	☐ Yes	Issuer name and des	scription:		
				\$	0.00
				\$	0.00

Last Name

Case number (if known)

2 No					
☐ Yes	Institution na	ame and description. Separately file the records of any interest	s.11 U.S.C. & 521(c	a):	
				S	0.00
	0.00			\$ \$	0.00
				\$	0.00
				·	
5. Trusts, equitable or future in exercisable for your benefit	terests in pro	operty (other than anything listed in line 1), and rights or p	owers		
☑ No					
Yes. Give specific information about them				\$	0.0
·		ecrets, and other intellectual property			
Examples: Internet domain nar No	nes, websites	s, proceeds from royalties and licensing agreements			
Yes. Give specific					0.0
information about them				_] \$	0.00
'. Licenses, franchises, and otl	her general i	intangibles			
	_	ses, cooperative association holdings, liquor licenses, profession	onal licenses		
☑ No				_	
Yes. Give specific information about them				\$	0.0
oney or property owed to you?	?			portion Do not de	value of the you own? duct secured exemptions.
3. Tax refunds owed to you					
☑ No	_				
Yes. Give specific informati about them, including		F	ederal:	\$	0.00
you already filed the re	eturns	s	tate:	\$	0.00
and the tax years		L	ocal:	\$	0.00
9. Family support					
Examples: Past due or lump su	ım alimony, s	spousal support, child support, maintenance, divorce settlemen	t, property settleme	ent	
·					
☑ No		•			0.00
· ·	ion	AI	imony:	\$	0.00
☑ No	ion		imony: aintenance:	\$ \$	0.00
☑ No	ion	M	•	\$ \$ \$	
☑ No	ion	Mi St	aintenance:	\$ \$ \$	0.00 0.00 0.00
☑ No	ion	Mi Si Di	aintenance:	\$ \$ \$ \$	0.00
No Yes. Give specific information Other amounts someone owe Examples: Unpaid wages, disa Social Security bene	es you bility insuranc	Mi Si Di	aintenance: apport: vorce settlement: operty settlement:	\$ \$ \$ \$	0.00 0.00 0.00
No Yes. Give specific information Other amounts someone owe Examples: Unpaid wages, disa	es you bility insuranc efits; unpaid l	Mi Su Di Proce payments, disability benefits, sick pay, vacation pay, worke	aintenance: apport: vorce settlement: operty settlement:	\$ \$ \$ \$	0.00 0.00 0.00

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ebtor 1	MARTHA M. JACKSON First Name Middle Name	Last Name	Case number (if known)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	in insurance policies	nce: health savings account (HS	(A); credit, homeowner's, or renter's insurance	
Zi No	s. Health, disability, or life insurar	ice, nealth savings account (no	A), credit, nomeowners, or renters insurance	
☐ Yes. N	Name the insurance company	Company name:	Beneficiary:	Surrender or refund valu
C	of each policy and list its value		·	s 0.0
				\$
				s 0.0
· !		*		
f you are	rest in property that is due you the beneficiary of a living trust, e pecause someone has died.		rance policy, or are currently entitled to receive	•
	Give specific information			
	•			\$0.0
xamples Z I No	E: Accidents, employment dispute	es, insurance claims, or rights to	or made a demand for payment sue	
				s0.
o set off 2 1 No	ntingent and unliquidated clain claims Describe each claim	ns of every nature, including	counterclaims of the debtor and rights	
— 163, L	Jeschbe each diam.			\$\$
ny finan	cial assets you did not already	ı list		
2 No				
→ Yes. (Give specific information	***		\$\$
			entries for pages you have attached	\$ 3,252.7
		- ·		
t 5:	Describe Any Business-	Related Property You C	Own or Have an Interest In. List a	ny real estate in Part
-	wn or have any legal or equital	ole interest in any business-re	elated property?	
	o to Part 6.			
J Yes. G	Go to line 38.			
				Current value of the portion you own? Do not deduct secured claim or exemptions.
ccounts	receivable or commissions yo	ou already earned		-
Z No				

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices 2 No ☐ Yes. Describe.....

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39. Office equipment, furnishings, and supplies

0.00

0.00

Debtor 1		M. JACKSON Case number (if kin)	жп)		
	First Name	Middle Name Last Name			
40 Machin	ame flushers -	quipment, supplies you use in business, and tools of your trade			
	ery, fixtures, e	quipment, supplies you use in business, and tools of your trade			
☑ No	. Describe			7	0.00
— 163	. Describe			\$	0.00
41. Invento	rv.				
☑ No	. ,			\neg	
☐ Yes	. Describe		· · · · · · · · · · · · · · · · · · ·	\$	0.00
40 Intercet	a in nastnamhi	ips or joint ventures			
42. Interest	s in partnersin	ps or joint ventures			
	. Describe	Name of entity:	% of ownership:		
		Traine of Smay.	%	\$	0.00
			%	\$	0.00
			%	\$	0.00
	** *	e that a sea Alban a sang that a se			
43. Custom	ier iists, mailin	g lists, or other compilations			
• -	. Do your lists	include personally identifiable information (as defined in 11 U.S.C. § 101(41A))	?		
	□ No				
	Yes. Desc	ribe		\$	0.00
44. Any bu	siness-related	property you did not already list			
₩ No					
	. Give specific rmation			\$	0.00
IIISO	imation			\$	0.00
				\$	0.00
				\$	0.00
				S	0.00
				\$	0.00
45. Add th e	e dollar value o	of all of your entries from Part 5, including any entries for pages you have atta	ched	•	0.00
		number here		3	
Part 6:	Describe And If you own or	ny Farm- and Commercial Fishing-Related Property You Own or Hav have an interest in farmland, list it in Part 1.	e an Interest i	n.	
		ny legal or equitable interest in any farm- or commercial fishing-related prope	rty?		
	Go to Part 7 Go to line 47.				
— 165	. Go to line 47.			Current value of t	ho
				portion you own?	
				Do not deduct secure or exemptions.	d claims
47. Farm a	nimals			or exempleons.	
Exampl	es: Livestock, p	oultry, farm-raised fish			
☑ No					
☐ Yes	·				
				\$	0.00

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Debtor 1 MAK I HA M. JACKSON First Name Middle Name Last Name	Case number (# known)		
FUSI NATIO AMAGAN NATITO LAST NATITO			
88. Crops—either growing or harvested			
☑ No Yes. Give specific			
information		\$	0.00
9. Farm and fishing equipment, implements, machinery, fixto	ures, and tools of trade		
☑ No			
		\$	0.00
io. Farm and fishing supplies, chemicals, and feed			
☑ No			
☐ Yes			0.00
		\$	
11. Any farm- and commercial fishing-related property you dientify No	·		
Yes. Give specific information			0.00
2. Add the dollar value of all of your entries from Part 6, incl for Part 6. Write that number here		→ \$	0.00
Part 7: Describe All Property You Own or Hav	re on Interest in That You Bid Not List Abou		
Describe All Property Tou Own or nav	re an Interest in That You Did Not List Above	/e 	
 Do you have other property of any kind you did not alread Examples: Season tickets, country club membership 	dy list?		
ZÍ No			0.00
Yes. Give specific information		\$	0.00
mornation		\$ \$	0.00
L			
4. Add the dollar value of all of your entries from Part 7. Writ	e that number here	→ \$	0.00
			•
art 8: List the Totals of Each Part of this Fo	rm		
5. Part 1: Total real estate, line 2			8,400.00
·	ę 3,100.00	→ •	
6. Part 2: Total vehicles, line 5	4		
7. Part 3: Total personal and household items, line 15	\$6,150.00		
8. Part 4: Total financial assets, line 36	\$3,252.72		
9. Part 5: Total business-related property, line 45	\$0.00		
0. Part 6: Total farm- and fishing-related property, line 52	\$ 0.00		
	+ c 0.00		
1. Part 7: Total other property not listed, line 54	• •		
2. Total personal property. Add lines 56 through 61	\$12,502.72 Copy personal property total	→ +\$	12,502.72
		· · · · · · · · · · · · · · · · · · ·	
3. Total of all property on Schedule A/B. Add line 55 + line 62.		\$	20,902.72
		L	

page 10

Fi	ll in this in	nform <u>a</u>	ition to	identify yo	ur case:				F					
	-			M. JACK										
0	ebtor 1	First Na		o, to, t	Middle Name		Last Namo							
	ebtor 2 oouse, if filing)	First Na	me		Middle Name		Last Name							
Ur	nited States	Bankru	ptcy Cou	t for the: Ea	stern Distric	ct of Michigar	1							
	se number												☐ Chec	k if this is a
(If	known)								ا				amen	ded filing
	ficial F				_									
5	ched	luk	e C:	The	Pro	perty	You	Clain	ı as	Exem	pt			04/16
Usir spa	ng the prop ce is neede	erty yo ed, fill	ou listed out and	on Schedu	ıle A∕B: Pro _i is page as ı	perty (Officia	l Form 106	ogether, both A/B) as your s Additional Pag	source, list	the property	that yo	u claim as	exempt. If r	more
spe of a retir limi wou	cific dolla ny applica rement fur ts the exer ald be limit	r amo able si nds—i mptio ted to	unt as e atutory may be o n to a pa the app	xempt. Alt limit. Som unlimited i articular d licable sta	ternatively, ne exemption of dollar amount of the ternative amount of the ternative amount of the tern	you may classing the substitution of the subst	aim the ful s those fo ever, if you alue of the	amount of th Il fair market Ir health aids I claim an exe Ir property is o	value of t , rights to emption o	he property i receive cert f 100% of fai	being ain be ir mark	exempted on the second contract of the second	up to the a tax-exemp	mount ot that
2.	You a	re clai	ming fec	leral exem _l st on <i>Sch</i> e	otions. 11 L edule A/B t	J.S.C. § 522(hat you clai	b)(2) m as exem	U.S.C. § 522	informati					
				property a this prope		Current va portion you		Amount of	the exemp	otion you clai	im	Specific lav	ws that allo	w exemption
						Copy the va Schedule A		Check only	one box fo	r each exempt	tion.			
	Brief description	no.	<u>7503</u>	DOBEL		\$ 5,200.0	00	□ s			,	11 U.S.C	. § 522(d))(1)
	Line from Schedule		1	-						ket value, up t atutory limit	to -			
	Brief		2997	HIGGIN	S	s 3,200.0	00	□ \$				11 U.S.C.	. § 522(d))(5)
	description Line from Schedule		2			<u> </u>		☑ 100% c		et value, up t atutory limit				
	Brief					\$		□s						
	descriptio					*	••		of fair mark	et value, up t	to			
	Schedule	A/B:		•				any ap	olicable sta	atutory limit	_			
3.	(Subject to No Yes. D	o adjus	stment o	n 4/01/19 a	and every 3		nat for case	es filed on or a		•	Í			
			. ===		, -	11 1 2 2 1 -	0.44.0		2014.51	0.44.45	40			
	1	6-51	1 4 7 2 - 1	nie Dr	ეი 1 ⊑	11.RU hali	u/16	Entered (12/1 Q/1	ห 11:10:/	7()	Pana 77	⁄ ∩t ผี1	

Schedule C: The Property You Claim as Exempt Official Form 106C

page 1 of <u>2</u>

First Name

Middle Name

Last Name

Case number (if known)_____

Part 2

Additional Page

	on of the property and line VB that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Line from	2008 Jeep 3	\$3,100.00	\$ \$ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Schedule A/B: Brief description: Line from Schedule A/B:	Household goods	\$3,000.00		11 U.S.C. § 522(d)(3)
Brief description: Line from Schedule A/B:	Electronics 7	\$800.00	\$ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Line from Schedule A/B:	Clothes 11	\$650.00	\$\$ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Line from Schedule A/B:	Jewelry 12	\$200.00	\$ \$ to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief description: Line from Schedule A/B:	<u>Cash</u>	\$27.00	\$ \$ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Line from Schedule A/B:	Extra Cr Union Ckg	\$117.00	\$ \$ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Line from Schedule A/B:	401K Fidelity	\$3,108.72	□ \$ ■ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)
Brief description: Line from Schedule A/B:		\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	\$ 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case				
Patricular MARTHA M. JACKSON				
Debtor 1 IVIANTIA IVI. JACKSOIN First Name Middle Na	ime Last Name			
Debtor 2 (Spouse, if filing) First Name Middle Na	me Last Name			
United States Bankruptcy Court for the: Eastern D	istrict of Michigan			
Case number			□ Chock	if this is an
(If known)			amende	
Official Forms 400D				
Official Form 106D				
Schedule D: Creditors	S Who Have Claims Secure	ed by Prop	erty	12/15
Be as complete and accurate as possible. I information. If more space is needed, copy additional pages, write your name and case	If two married people are filing together, both are ed the Additional Page, fill it out, number the entries, a e number (if known).	ually responsible fo and attach it to this	or supplying correc form. On the top of	t any
 Do any creditors have claims secured by No. Check this box and submit this form Yes. Fill in all of the information below. 	y your property? In to the court with your other schedules. You have nothing	ng else to report on t	his form.	
Part 1: List All Secured Claims				
for each claim. If more than one creditor ha	ore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B: Value of collateral: that supports this claim	Column C Unsecured portion If any
2.1 EXTRA CREDIT UNION	Describe the property that secures the claim:	s5,583.00	s3,100.00	s0.00
Creditor's Name 6611 CHICAGO RD	2008 JEEP GRAND CHEROKEE			
Number Street WARREN MI 48092 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	J		
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)	_		
community debt Date debt was incurred 10/05/2013	Last 4 digits of account number			
2.2	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street]		
City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated			
Who owes the debt? Check one.	Disputed Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
Check if this claim relates to a community debt		-		
Date debt was incurred	Last 4 digits of account numberColumn A on this page. Write that number here:	k	<u> </u>	
16-51573-pjs Doc 1	Filed 08/19/16 Entered 08/19/16	1.19:40 Pa	ge 24 of 61	

Debtor	1	
Deploi	•	

MARTHA M. JACKSON
First Name Middle Name Last Name

Case number	(if known)	

Part 2:	List Others to	Be Notified for	or a Debt	That You	Already Listed

a y	gency is try ou have mo	/ing to collect from ore than one credite	you for a debt you owe to	someone else, list to	r a debt that you already listed in Part 1. For example, if a collection he creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to
]				On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street		· · · · · · · · · · · · · · · · · · ·	_
					_
	City		State	ZIP Code	_
]*************************************			The state of the s	On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Chroni			
	Number	Street			
			-		_
	City		State	ZIP Code	
	<u> </u>			The same of the sa	On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			_
					_
	City		State	7ID Code	_
)		State	ZIP Code	
	Name				On which line in Part 1 did you enter the creditor? Last 4 digits of account number
	Number	Street			-
				<u> </u>	_
	City		State	ZIP Code	-
		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO PE	The state of the s	the second section of the second section of the second section of the second section s	On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street		 :	-
					_
	Cib				_
\neg	City		State	ZIP Code	
	Name				On which line in Part 1 did you enter the creditor? Last 4 digits of account number
					cast 4 digits of account number
	Number	Street			-
					-
	City		State	ZIP Code	-
	1	.6-51573-pis	Doc 1 Filed 0	8/19/16 Ente	ered 08/19/16 11:19:40 Page 25 of 61

Priority Creditor's Name Number Street Street When was the debt incurred?	Fil	l in this i	nformation to id	entify your case:						
Debter 2		hina d	MARTHA M.	JACKSON						
Check if this is an amended filing	De	btor 1				Last Name	-			
United States Bankruptcy Court for the: Eastern District of Michigan Case number (if Mexew) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. As complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule As Proparty (Claims Secured by Proparty, if more space is needed, copy the Part you need, fill the untrinsel the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 11 List All of Your priority unsecured claims against you? I los Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, first the creditor separately for each claim. For each claim listed, identify what type of claim is it. if a claim has both priority and condon holds a particular daim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Priority Creditors Name When was the debt Incurred? An of the date you file, the claim is Check all that apply. Contingent Cont			Firet Name	Middle Nome		Last Name	_			
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Sa a complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONRIDRITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule ARF Property (Official Form 106AB) and on Schedule G: Executory Contracts and Unsexpired Leases (Official Form 106AB). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). POLICIA List all of Your PRIORITY Unsecured Claims Liet All of Your PRIORITY Unsecured Claims Jo any creditors have priority unsecured claims, if a creditor has more than one priority unsecured daim, list the creditor separately for each claim. For each claim listed, dentify what type of claim is is. If a claim has both priority and nonpriority amounts. As much as possible, list the claims is highlebelocal order according to the creditor and have priority unsecured claims. If any other creditor has more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction bookids.) Nonpriority and nonpriority amounts. As much as possible, list the claims in shiphibeded order according to the creditor anne. If you have much have priority and nonpriority and nonpr		·								
Continue	Uni	ited States	Bankruptcy Court t	or the: Eastern Distri	ict of Michigar	1			☐ Che	ck if this is an
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule ARE: Property (Official Form 1086). Do not include any creditors with partially secured claims that are listed in Schedule 6: Creditors With Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 11: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim, lested, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority unsecured claims, list out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the oreditor separately for each claim, list of your priority unsecured claims, list out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the creditor separately for each claim, list of your priority unsecured claims, list out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Priority Creditor's Name Whon was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Undiquidated Debter 2 only Debter 1 and Debter 2 only Who Incurred the debt? Check one. Debter 1 only Debter 1 and Debter 2 only Who Incurred the debter and another Claims for death or personal injury while you were introduced to continuation. Claims for death or personal injury while you were introduced to continuation. Last			· .							
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule ARE: Property (Official Form 1086). Do not include any creditors with partially secured claims that are listed in Schedule 6: Creditors With Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 11: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim, lested, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority unsecured claims, list out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the oreditor separately for each claim, list of your priority unsecured claims, list out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the creditor separately for each claim, list of your priority unsecured claims, list out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Priority Creditor's Name Whon was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Undiquidated Debter 2 only Debter 1 and Debter 2 only Who Incurred the debt? Check one. Debter 1 only Debter 1 and Debter 2 only Who Incurred the debter and another Claims for death or personal injury while you were introduced to continuation. Claims for death or personal injury while you were introduced to continuation. Last										
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB- Property (Official Form 1084R) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 1086). Do not include any creditors with partially secured claims that are listed in Schedule 6: Creditors With Pave Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). PORT 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? Vis.	_				1871 -					
List the other party to any executory contracts or unexpired leases that could result in a claim. Also list a executory contracts and Unexpired Leases (Official Form 108G), Do not include any creditors with partially secured claims that are listed in Schedule 6: Executory Contracts and Unexpired Leases (Official Form 108G), Do not include any accreditors with partially secured claims that are listed in Schedule 6: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Party vou need, edit in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Partiti List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No any creditors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of Claim is is if a claim has both priority and nonpriority amounts, a much as each list in the probedition of a coachilation o	20	nea	ule E/F:	Creditors	wno r	iave Unse	ecured Claii	ms ———		12/15
1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes.	List A/B: cred need any	the other Property litors with ded, copy additiona	r party to any ex y (Official Form h partially secur y the Part you no al pages, write y	ecutory contracts of 106A/B) and on Sciled claims that are lead, fill it out, numbour name and case	or unexpired hedule G: Ex listed in Schoor or the entrie number (if k	leases that could recutory Contracts and adule D: Creditors Is in the boxes on the crown).	esult in a claim. Also l and Unexpired Leases Who Have Claims Secu	list executory co (Official Form 10 ared by Property	ntracts on S 06G). Do not . If more spa	chedule include any ce is
No. Go to Part 2. Yes.								-		
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. Por each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amounts. Total claim Priority Nonpriority amounts. Nonpriority amounts are supported by amount amount with the creditor's name. If you have more than two priority unsecured claims, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amounts. Nonpriority amounts. Nonpriority amounts are supported by amount amount with the creditor's name. If you have more than two priority unsecured claims. Last 4 digits of account number	_			iority unsecured cla	aims against	you?				
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, as unucla as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority amount. Total claim Priority amount. Nonpriority amount. As of the date you file, the claim is: Check all that apply. City State ZIP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Number Street As of the date you file, the claim is: Check all that apply. City of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify City State ZIP Code Who incurred the debt? Check one. City State ZIP Code When was the debt incurred? As of the date you file, the claim is: Check all that apply. Ciclaims for death or personal injury while you were intoxicated Other. Specify City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Domestic support obligations Type of PRIORITY unsecured claim: Domestic support obligations			o to Part 2.							
each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Monpriority amount. Total claim Priority Nonpriority amount. Total claim Priority Nonpriority amount. Nonpriority amount. Total claim Priority Nonpriority amount. Nonpriority amount. Nonpriority amount. Total claim Priority Nonpriority amount. Nonpriority amount. Nonpriority amount. Nonpriority amounts. Nonpri	2. l	List all of	your priority un	secured claims. If	a creditor has	more than one prior	ity unsecured claim, list	the creditor separ	ately for eacl	n claim. For
Uniquidated Debtor 1 and Debtor 2 only Debtor 2 nat be debt? Check one. Drongstic support obligations Drongstic support obligations Drongstic support obligations Street Debtor 1 only Yes	е	each claim	n listed, identify w	/hat type of claim it is	s. If a claim ha	is both priority and n	onpriority amounts, list t	hat claim here an	d show both	priority and
2.1 Priority Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. City State ZIP Code Who Incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Last 4 digits of account number \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	u	insecured	I claims, fill out th	e Continuation Page	of Part 1. If r	nore than one credit	or holds a particular clair	name. If you have m, list the other cr	e more than to reditors in Par	vo priority rt 3.
2.1 Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. City State ZIP Code Uniquidated Uniquida	(For an ex	planation of each	n type of claim, see t	he instruction	s for this form in the	instruction booklet.)		1.1	
Priority Creditor's Name Number Street Street								Total claim		
When was the debt incurred? Number Street State ZiP Code Contingent Unliquidated Disputed Debtor 1 only Debtor 2 only Debtor 1 and Debtor 3 only Taxes and certain other debts you owe the government Claims subject to offset? Other. Specify Other. Specify Other Street As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Dispute	2.1									
Number Street		Priority Cree	ditor's Name		Last 4 c	ligits of account nun	nber	\$	\$	_ \$
As of the date you file, the claim is: Check all that apply. City State ZIP Code Unliquidated Unliquidated					When w	as the debt incurred	i?			
City State ZIP Code Unliquidated Unliquidated Disputed Unliquidated Disputed Unliquidated Domestic support obligations Unliquidated Unliquidated Disputed Unliquidated Unliquidated Domestic support obligations Unliquidated Domestic support obligations Unliquidated Domestic support obligations Unliquidated Domestic support obligations		Number	Street							
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Check if this claim is for a community debt Is the claim subject to offset? No Yes Last 4 digits of account number Street As of the debt you file, the claim is: Check all that apply. City State Tip Code Unliquidated Disputed Unliquidated Disputed Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intoxicated intoxicated Street As of the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Domestic support obligations							laim is: Check all that app	ly.		
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify Last 4 digits of account number \$ \$ \$ Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. City State ZIP Code Unliquidated Disputed Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Domestic support obligations		•			_					
Debtor 2 only Debtor 1 and Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Check if this claim is for a community debt Is the claim subject to offset? No Yes Last 4 digits of account number \$ \$ \$				heck one.	_					
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Last 4 digits of account number Street As of the date you file, the claim is: Check all that apply. City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated As death or personal injury while you were intoxicated Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Date of the dath or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you		_	•		Tunn of	DDIODITY				
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Priority Creditor's Name Last 4 digits of account number \$ \$ When was the debt incurred? As of the date you file, the claim is: Check all that apply. City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Claims for death or personal injury while you were intoxicated State of the death or personal injury while you were intoxicated State of the death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated State of the death or personal injury while you were intoxicated State of the death or personal injury while you were intoxicated State of the death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxi				ly						
Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated No						• • •				
Is the claim subject to offset? intoxicated Other. Specify Other. Specify Other. Specify		☐ Chec	k if this claim is f	or a community deb						
Yes			im subject to offs	set?	intox	icated	•			
Last 4 digits of account number\$\$\$ Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. City State ZIP Code Unliquidated Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Domestic support obligations					☐ Othe	r. Specify		_		
Priority Creditor's Name Last 4 digits of account number \$		u res			·					
As of the date you file, the claim is: Check all that apply. City State ZIP Code Unliquidated Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Domestic support obligations		Priority Cred	litor's Name		Last 4 d	igits of account num	nber	\$	\$	_ \$
As of the date you file, the claim is: Check all that apply. City State ZIP Code Unliquidated Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Domestic support obligations					When w	as the debt incurred	?			
Contingent Unliquidated Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 PRIORITY unsecured claim: Domestic support obligations		Number	Street		As of the	e date you file, the c	laim is: Check all that anni			
City State ZIP Code Unliquidated Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Domestic support obligations					_		on on on an anat appr	y .		
☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	1	City		State ZIP Code						
Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations				heck one.	☐ Disp	ited				
Debtor 1 and Debtor 2 only Domestic support obligations		_	•		Type of	PRIORITY unsecur	ed claim:			
At least one of the debtors and another						• • • •				
Check if this claim is for a community debt					☐ Claim	s for death or personal				
inioxica(e)				•	IIIOXI					
□ No	(□ No	ounjeet to ons	rue i	U Otne	. эресну		-		
☐ Yes 16-51573-pjs		Yes 1	6-51573-ni	is Doc 1 = E	iled 08/19	9/16 Entered	1 08/19/16 11 1C):4 () Pane	26 of 61	·

Official Form 106E/F

Case number (# known) Last Name

Part 2	List	ΔII	οf	Your	NONE	RIC	RITY	line	
rail	LISI	MII	UI	Toul	MOIAL	KIU	ו וואי	Uns	1

Par	t 2: List All of Your NONPRIOR	RITY Unse	ecured Claims				
	Do any creditors have nonpriority unsupplied to the Do any creditors have nothing to report in this Yes						
i	List all of your nonpriority unsecured nonpriority unsecured claim, list the credincluded in Part 1. If more than one crediclaims fill out the Continuation Page of F	ditor separa ditor holds a	ately for each claim.	. For each claim listed, identify wh	at type of claim it is. Do not	list cla	aims already
						Tot	al claim
4.1	36 TH DISTRICT COURT			Last 4 digits of account number	·		1,709.00
	Nonpriority Creditor's Name		-	When was the debt incurred?	07/01/2016	\$	1,709.00
	421 MADISON AVE Number Street						
	DETROIT	MI	48226	As of the data way file the alsies	in Observation		
	City	State	ZIP Code	As of the date you file, the claim	i is: Check all that apply.		
	Who incurred the debt? Check one.			☐ Contingent☐ Unliquidated			
	Debtor 1 only Debtor 2 only			Disputed			
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	ured claim:		
	At least one of the debtors and another			☐ Student loans			
	☐ Check if this claim is for a commun	nity debt		Obligations arising out of a sepa that you did not report as priority	ration agreement or divorce		
	Is the claim subject to offset?			Debts to pension or profit-sharin			
	☑ No ☐ Yes			Other. Specify CIVIL			
1.2	ALLY FINANCIAL			Last 4 digits of account number		\$	23,290.00
	Nonpriority Creditor's Name			When was the debt incurred?	10/01/2013		
	PO BOX 380901 Number Street						
	BLOOMINGTON	MN	55438	As of the date you file, the claim	is: Check all that apply.		
	City	State	ZIP Code	Contingent			
	Who incurred the debt? Check one.			Unliquidated			
	Debtor 1 only			☐ Disputed			
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	ıred claim:		
	At least one of the debtors and another			☐ Student loans			
	☐ Check if this claim is for a commun	itv debt		Obligations arising out of a sepa that you did not report as priority			
	Is the claim subject to offset?	,		Debts to pension or profit-sharing			
	☑ No			Other. Specify REPOSESS			
	Yes						
.3	AMCOL SYSTEMS INC Nonpriority Creditor's Name			Last 4 digits of account number		\$	150.00
	PO BOX 21625			When was the debt incurred?			
	Number Street						
	COLUMBIA	SC State	29221 ZIP Code	As of the date you file, the claim	is: Check all that apply.		
	Who incurred the debt? Check one.			☑ Contingent			
	Debtor 1 only			Unliquidated			
	Debtor 2 only			Disputed			
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	red claim:		
	At least one of the debtors and another			☐ Student loans			
	☐ Check if this claim is for a commun	ity debt		Obligations arising out of a separ	ration agreement or divorce		
	Is the claim subject to offset? ✓ No ☐ Yes			that you did not report as priority Debts to pension or profit-sharing Other. Specify COLLECTION	g plans, and other similar debts		
	TO 103						

First Name

Middle Name

Last Name

Case number (if known)	_
------------------------	---

Part 2:

Aft	er listing any entries on this page, number the	m beginning with	n 4.4, followed by 4.5, and so forth.	Total claim	
.4	CAPITAL ONE BANK		Last 4 digits of account number	\$_2,136.00	
	Nonpriority Creditor's Name PO BOX 30281		When was the debt incurred? 07/03/2015		
	Number Street		As of the date you file, the claim is: Check all that apply.		
	SALT LAKE CITY UT	84130			
	City State	ZIP Code	✓ Contingent ☐ Unliquidated		
	Who incurred the debt? Check one.		Disputed		
	Debtor 1 only				
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only		☐ Student loans		
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?		Other. Specify COLLECTION		
	☑ No				
	☐ Yes				
.5	CMI		Last 4 digits of account number	s 206.00	
	Nonpriority Creditor's Name		_	<u> </u>	
	4200 INTERNATIONAL WAY		When was the debt incurred? 12/01/2013		
	Number Street	· · · · · ·	As of the date you file, the claim is: Check all that apply.		
	CARROLLTON TX	75007			
	City State	ZIP Code	 ✓ Contingent ☐ Untiquidated 		
	Who incurred the debt? Check one.		Disputed		
	Debtor 1 only		— Disputed		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only		☐ Student loans		
	At least one of the debtors and another		$f \square$ Obligations arising out of a separation agreement or divorce that		
	$f \Box$ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?		Other. Specify COLLECTION		
	₩ No				
	Yes				
.6	COMENITY BANK		Last 4 digits of account number	\$ 2,805.00	
	Nonpriority Creditor's Name				
	PO BOX 182120		When was the debt incurred? 04/04/2012		
	Number Street COLUMBUS OH	43218	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	✓ Contingent		
			☐ Unliquidated		
	Who incurred the debt? Check one.		Disputed		
	Debtor 1 only		Town of MONDBIODITY and		
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another		Student loans		
	☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts Other. Specify_COLLECTION		
	M No		The Other Specify OCHEOTION		
	Yes				

First Name

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e number (if known)

Part 2:

Afte	er listing any entries on this page, number then	n beginning with	4.4, followed by 4.5, and so forth.	Total claim
4.7	DEBUCK CONSTRUCTION		Last 4 digits of account number	\$_2,500.00
	Nonpriority Creditor's Name 6226 AUBURN RD STE 1		When was the debt incurred? 07/16/2013	
	Number Street SHELBY TOWNSHIP MI	48317	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	✓ Contingent	
	Who incurred the debt? Check one.		Unliquidated Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset? No		Other Specify COLLECTION	
	□ Yes			
4.8	DEST OF FRUITATION (NEW YORK)		Last 4 digits of account number	s 8,765.00
	DEPT OF EDUCATION / NELNET Nonpriority Creditor's Name			<u> </u>
	3015 PARKER RD STE 400		When was the debt incurred? 01/20/2010	
	Number Street	20014	As of the date you file, the claim is: Check all that apply.	
	AURORA CO City State	80014 ZIP Code	☑ Contingent	
	ony ondic	Zii Obdo	Unliquidated	
	Who incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only			
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
	_		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify	
	□ No ☑ Yes			
4.9	DTF		Last 4 digits of account number	\$_1,978.00
	DTE Nonpriority Creditor's Name			
	ONE ENERGY WAY Number Street		When was the debt incurred? 09/09/2014	
	DETROIT MI	48226	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims	
	Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
	□ No		Guier, Specify.	
	Yes			

First Name

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Last Name

Case number (# known)

Part 2:

Aft	er listing any entries on this page, number them be	ginning with 4.4, followed by 4.5, and so forth.	Total claim
4.10	ENHANCED RECOVERY	Last 4 digits of account number	_{\$} 1,388.00
	Nonpriority Creditor's Name PO BOX 51547	When was the debt incurred? 04/28/2015	V
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Who incurred the debt? Check one. Debtor 1 only	Unliquidated Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	 Obligations arising out of a separation agreement or divorce the you did not report as priority claims 	nat
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debt	ts
	Is the claim subject to offset?	Other Specify COLLECTION	
	☑ No □ Yes		
1.11	EIDET DDEMIEDDANIZ	Last 4 digits of account number	s 787.00
	FIRST PREMIERBANK Nonpriority Creditor's Name	00/40/0040	\$ <u></u>
	3820 N LOUISE AVE	When was the debt incurred? 06/10/2012	
	Number Street SIOUX FALLS SD 5	As of the date you file, the claim is: Check all that apply.	
		Code Contingent	
	Who become differ date 0.00	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce th	at
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debt Other. Specify COLLECTION	S
	M No	Other. Specify COLLEGITION	
	☐ Yes		
.12			s 1,060.00
	HELVEY AND ASSOCIATES	Last 4 digits of account number	Ψ
	Nonpriority Creditor's Name 1015 E CENTER	When was the debt incurred? 02/23/2015	
	Number Street WARSAW IN 4	As of the date you file, the claim is: Check all that apply.	
		Code Contingent	
		Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONDRIGORITY upposted eleien	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loansObligations arising out of a separation agreement or divorce the	^
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	S
	✓ No	☑ Other. Specify COLLECTION	
	☐ Yes		

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Part 2:

r listing any entries on this page, numb	er tnem beginning	with 4.4, tollowed by 4.5, and so forth.	Total claim
HENRY FORD		Last 4 digits of account number	s 750.0
Nonpriority Creditor's Name PO BOX 673835		When was the debt incurred? 02/10/2013	
Number Street DETROIT A	/II 48267	As of the date you file, the claim is: Check all that apply.	
	ate ZIP Code	Contingent Unliquidated	
Debtor 1 only		Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another		Student loansObligations arising out of a separation agreement or divorce that	
Check if this claim is for a community sthe claim subject to offset?	debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
✓ No ☐ Yes		Other. Specify COLLECTION	
HOWARD DUBIN		Last 4 digits of account number	s <u>250.0</u>
Ionpriority Creditor's Name 377483 DEQUNIDER STE 205		When was the debt incurred? 12/15/2014	
tumber Street MADISON HEIGHTS N	1I 48071	As of the date you file, the claim is: Check all that apply.	
ity Sta		Contingent	
After increment the daht? Oheaters		Unliquidated	
Who incurred the debt? Check one. Debtor 1 only		☐ Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		☐ Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
$oldsymbol{J}$ Check if this claim is for a community	debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset? No		Other. Specify COLLECTION	
Yes			
KEVIN L. HOLST		Last 4 digits of account number	\$ 1,780.0
tonpriority Creditor's Name 120 CORPORATE BLVD		When was the debt incurred? 07/01/2016	
lumber Street NORFOLK V	A 23502	As of the date you file, the claim is: Check all that apply.	
City Sta		Contingent	
Vho incurred the debt? Check one.		Unliquidated	
Debtor 1 only		☐ Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		☐ Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community	debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset? No Yes		Other. Specify CIVIL	

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Case number (if known)_____

Part 2:

iter listing any entries on this page, numbe	er them	beginning with	4.4, followed by 4.5, and so forth.		Total clain
MIDLAND FUNDING LLC			Last 4 digits of account number	·	\$ 5,795.0
Nonpriority Creditor's Name 2365 NORTHSIDE DR STE 300			When was the debt incurred?	08/21/2015	
Number Street			As of the date you file, the claim	n is: Check all that annly	
SAN DIEGO C		92108 ZIP Code	☑ Contingent	по опсокан тагарру.	
Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only			☐ Unliquidated☐ Disputed☐ Unsputed☐ Unsputed☐ Unsputed☐ Unspection ITY Unsecu	red claim:	
At least one of the debtors and another			Student loans		
☐ Check if this claim is for a community is the claim subject to offset? ☐ No	debt		Obligations arising out of a sepa you did not report as priority clai Debts to pension or profit-sharin Other. Specify COLLECTI	ng plans, and other similar debts	
w2 No ☐ Yes					
PORTFOLIO RECOVERY	* ************************************		Last 4 digits of account number		\$ <u>1,709.0</u>
Nonpriority Creditor's Name			When was the debt incurred?	06/25/2015	
120 CORPORATE BLVD Number Street					
NORFOLK V	Α	23502	As of the date you file, the claim	n is: Check all that apply.	
City Stat	te :	ZIP Code	Contingent		
Who incurred the debt? Check one.			Unliquidated Disputed		
Debtor 1 only			□ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecu	red claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Student loans		
_	.1 . 1. 4		Obligations arising out of a sepa you did not report as priority clai	aration agreement or divorce that ims	
Check if this claim is for a community	aebt		Debts to pension or profit-sharin		
Is the claim subject to offset? ☑ No ☐ Yes			Other. Specify COLLECTION	ON	
RAYMOND DE BUNK JR			Last 4 digits of account number		_{\$_} 2,500.0
Nonpriority Creditor's Name 28858 KINGS DR			When was the debt incurred?	06/01/2013	
Number Street SHELBY TOWNSHIP M	1	48315	As of the date you file, the claim	n is: Check all that apply.	
City Stat	te	ZIP Code	Contingent		
Who incurred the debt? Check one.			Unliquidated Disputed		
Debtor 1 only			□ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecu	red claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans		
			Obligations arising out of a sepa you did not report as priority clai		
☐ Check if this claim is for a community	debt		Debts to pension or profit-sharin	g plans, and other similar debts	
Is the claim subject to offset? ☑ No □ Yes			Other. Specify COLLECTI	<u>ON</u>	

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Last Name

Case number	(if known)
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Part 2:					
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ı aıı L.	٠	4	11	đ	г

Afte	er listing any entries on this page, number	them beginning witi	h 4.4, followed by 4.5, and so forth.	Total claim
4.19	SYNCB		Last 4 digits of account number	_{\$_} 5,087.00
	Nonpriority Creditor's Name PO BOX 965036		When was the debt incurred? 11/24/2010	· · · · · · · · · · · · · · · · · · ·
	Number Street	00000	As of the date you file, the claim is: Check all that apply.	
	ORLANDO FL City State	32896 ZIP Code	Contingent	
	Who incurred the debt? Check one.		Unliquidated Disputed	
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community de	bt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? No		Other. Specify COLLECTION	
	wa No □ Yes			
4.20	TMG FINANCIAL		Last 4 digits of account number	\$ <u>586.00</u>
	Nonpriority Creditor's Name		— When was the debt incurred? 09/01/1997	
	1500 NW 118TH ST Number Street			
	DES MOINES IA	50325	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only		— <i>Disputed</i>	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim is for a community de	bt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify COLLECTION	
	¥2 No ☐ Yes			
4.21	UNITED CONSUMER		Last 4 digits of account number	_{\$} 1,346.00
	Nonpriority Creditor's Name		When was the debt incurred? 04/04/2012	
	865 BASSETT RD Number Street	······································		
	WESTLAKE OH	44145	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		Unliquidated Disputed	
	Debtor 1 only		Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community de	bt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ✓ No ☐ Yes		Other. Specify COLLECTION	

First Name

Last Name

Part 2:

After listing any entries on this p	page, number them beginning wit	h 4.4, followed by 4.5, and so forth.	Total claim
WEBBANK		Last 4 digits of account number	\$ 1,722.0
Nonpriority Creditor's Name 6250 RIDGEWOOD RD)	When was the debt incurred? $\frac{10/30/2010}{10/30/2010}$	ψ <u>·</u> ,-,- <u></u>
Number Street		As of the date you file, the claim is: Check all that apply.	
SAINT CLOUD	State ZIP Code	Contingent	
Who incurred the debt? Check	cone.	Unliquidated Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		☐ Student loans	
At least one of the debtors and	d another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset? ☑ No ☐ Yes	•	Other. Specify COLLECTION	
		Last 4 digits of account number	\$
Nonpriority Creditor's Name		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply.	
City	State ZIP Code	Contingent	
Who incurred the debt? Check		Unliquidated	
_	cone.	☐ Disputed	
Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		Student loans	
☐ At least one of the debtors and	d another	 Student loans Obligations arising out of a separation agreement or divorce that 	
☐ Check if this claim is for a	community dobt	you did not report as priority claims	
	•	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset? No Yes		Other. Specify	
		Last 4 digits of account number	\$
Nonpriority Creditor's Name		When was the debt incurred?	
Number Street		 As of the date you file, the claim is: Check all that apply. 	
City	State ZIP Code	Contingent	
Who incurred the debt? Check	· one	Unliquidated	
Debtor 1 only	i Unio.	☐ Disputed	
Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		Student loans	
At least one of the debtors and	d another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a	community debt	you did not report as priority claims	
Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify	
□ No □ Yes		— Onton Opening	

MARTHA M. JACKSON
First Name Middle Name Last Name

Part 3:

List Others to Be Notified About a Debt That You Already Listed

iuitionai i	creattors nere. If y	ou do not nave a	idditional perso	ns to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured Claim
				Last 4 digits of account number
City		State	ZIP Code	
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
Tanio				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
City		State	ZIP Code	
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
City	The property of the second	State	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
	and the second s	A STATE OF THE STA	AND THE RESERVE AND A SECOND PROPERTY.	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
Hame				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street	,		Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number

Last Name

Case number (# known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claim

Total claims from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.

- 6a. 0.00
- 0.00 6b.
- 6c. 0.00
- 0.00
- 0.00

Total claims from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

Total claim

- 6f. 8,765.00
- 0.00 6g.
- 0.00 6h.
- 59,534.00
- 68,299.00

Fill	in this ir	nformation to	identify yo	ur case:						
		MARTHA	M. JACKS	SON						
Dei	btor	First Name	07 10110	Middle Name		Last Name		-		
	otor 2 ouse If filing)	First Name		Middle Name		Last Name				
	- ,					Last Name				
Uni	teo States	Bankruptcy Col	un for the: Eas	stern District o	oriviichigan					
	se number (nown)									☐ Check if this is an
							· · ·			amended filing
Off	ficial F	orm 10	6G							
				.40m. C	4	-4	. ا ا ا	noveled Loo		
<u>əc</u>	nea	uie G:	Execu	itory C	ontra	cts ai	ia Ui	nexpired Leas	ses	12/15
infor addi	mation. I tional pa Do you h	f more space ges, write yo nave any exe	e is needed, ur name and cutory cont	copy the add d case number racts or unex	ditional pag er (if knowi spired lease	ge, fill it out 1). es?	, number	er, both are equally respon the entries, and attach it to You have nothing else to re	o this page. C	n the top of any
	Yes.	Fill in all of the	e information	below even it	f the contrac	cts or leases	are listed	d on Schedule A/B: Property	(Official Form	106A/B).
		, rent, vehicl						r lease. Then state what ea e instruction booklet for mor		
, .	Person o	or company v	vith whom y	ou have the	contract or	lease		State what the contract	or lease is fo	r
2.1										
	Name	-								
į	Newsbar	Oterat								
	Number	Street								
	City		Sta	te ZIP Code	•					
2.2	on a ring rimes.	alternative of the section of the se	EMBARRET BERRYANIA	ement teen en an transcriptions	THE SECTION ASSESSED.			The second secon	trus e estimatores	es, en 1914 d' un prima des este en santa de l'April, diver il 1914 ampie em
	Name									
· !										
!	Number	Street								
	City		Sta	te ZIP Code	<u> </u>					
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	Name									
1	Rame									
	Number	Street								
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	City		Sta	te ZIP Code	2	er amortisa in		in the state of the property of the state of	all same amenders on the	admir (b. ja) kalkuladdir ir a daar asiyyy a mayrani, it is saarii is sa'i ka
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*	Name									
	Number	Street								
:							<u>-</u>			
ļ	City	2 0 0 1 F 0 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sta	te ZIP Code	<u> </u>		rs.womar	aggioration to the section of the se	* ····································	majarri ag 7-45, 315/m, i sambu sauti Bilisti 1110 anghi dhuli Burri 1110 1160.
2.5										
	Name						-			
	Number	Street								
	City		Sta	te ZIP Code						

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Fill in this information to identify your case:	
Debtor 1 MARTHA M. JACKSON	
First Name Middle Name Last Name Debtor 2	
Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: Eastern District of Michigan	
Case number	
ff known)	☐ Check if this is
	amended filing
fficial Form 106H	
chedule H: Your Codebtors	12/15
odebtors are people or entities who are also liable for any debts you may have. Be a e filing together, both are equally responsible for supplying correct information. If r ind number the entries in the boxes on the left. Attach the Additional Page to this page is number (if known). Answer every question.	nore space is needed, copy the Additional Page, fill it ou
I. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as	s a codebtor.)
☑ No □ Yes	
ਾ ਦੂਤ ∴ Within the last 8 years, have you lived in a community property state or territory?	Community property states and territories include
Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Wash	
☑ No. Go to line 3.	
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?	
□ No	
Yes. In which community state or territory did you live?	Fill in the name and current address of that person.
Name of your spouse, former spouse, or legal equivalent	
Number Street	
City State ZIP Code	
In Column 1, list all of your codebtors. Do not include your spouse as a codebtor shown in line 2 again as a codebtor only if that person is a guarantor or cosigner Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2.	r. Make sure you have listed the creditor on
Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
, ,	Check all schedules that apply:
1	D Schedule D, line
Name	☐ Schedule E/F, line
Number Street	☐ Schedule G, line
City State ZIP Code	
2	Schedule D, line
Name	Schedule E/F, line
Number Street	Schedule E/F, line
City State ZIP Code	
3	Schedule D, line
Namo	

Official Form 106H Schedule H: Your Codebtors page 1 of 1

Number

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☐ Schedule E/F, line ___

☐ Schedule G, line ____

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	Fill in this in	nformation to identify	your case:					
		MARTHA M. JAC	CKSON					
l	Debtor 1	First Name	Middle Name	Last Name				
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	LastName		_		
	•		_	Last Name				
	United States	Bankruptcy Court for the:	Eastern District of Michigan			ļ		
	Case number (if known)					Chec	k if this is:	
L							n amended filing	
							supplement showing postpetition chap come as of the following date:	ter 13
C	Official Fo	orm 106I						
_	-					Mi	M / DD / YYYY	
2	cned	iule II You	ır Income				12	/15
St If	ipplying col you are sep parate shee	rrect information. If ye arated and your spot	ou are married and not fili use is not filing with you, o top of any additional pag	ng jointly, and ye lo not include in	our si forma	oouse is living water	Debtor 2), both are equally responsible for with you, include information about your r spouse. If more space is needed, attach r (if known). Answer every question.	SDOUSE
1.	Fill in you information	r employment en.		Debtor 1			Debtor 2 or non-filing spouse	
	attach a se	e more than one job, eparate page with a about additional	Employment status	☑ Employed			☐ Employed	
İ	employers			☐ Not employ	/ed		☐ Not employed	
:	self-emplo	rt-time, seasonal, or yed work.	Occupation	RECIEVING				
		n may include student aker, if it applies.	oodpa.io.i					
			Employer's name	WHOLE FO	<u>ODS</u>	MARKET		
			Employer's address	550 BOWIE	STR	EET		
				Number Street	<u></u>		Number Street	
				AUSTIN		TX 7870		
				City	Sta		City State ZIP Coo	de
			How long employed there	e? 3 YR			3 YR	
:			now long employed then	511	•			
Ī	Part 2:	Give Details About	Monthly Income					
	Estimate n	nonthly income as of	the date you file this form	. If you have noth	ing to	report for any lin	e, write \$0 in the space. Include your non-fi	lina
	spouse unl	ess you are separated ur non-filing spouse ha	•	, combine the info			ers for that person on the lines	Ū
	50.0W. II yo	a mod more space, a	naon a soparate shock to the	3 101111.				
						For Debtor	1 For Debtor 2 or non-filing spouse	
2			ary, and commissions (bef calculate what the monthly v		2.	\$ 2,964.9	6 s	
3	. Estimate	and list monthly over	time pay.		3.	+\$ 0.0		
4	. Calculate	gross income. Add lii	ne 2 + line 3.		4.	\$_2,964.9	6 \$	

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dle Name	Last Name

Case number (if known)_

		Fo	r Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	→ 4.	\$_	2,964.96	\$	
5. List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a.	\$	744.89	\$	
5b. Mandatory contributions for retirement plans	5b.	\$ \$	0.00	\$	
5c. Voluntary contributions for retirement plans	5c.	\$	88.96	\$	
5d. Required repayments of retirement fund loans	5d.	\$_	0.00	\$	
5e. Insurance	5e.	\$_	38.78	\$	
5f. Domestic support obligations	5f.	\$	0.00	\$	
5g. Union dues	5g.	\$_	0.00	\$	
5h. Other deductions. Specify:	-	+ \$	0.00	+ \$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g	+ 5h. 6.	\$	872.63	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	2,092.33	\$	
8. List all other income regularly received:					
8a. Net income from rental property and from operating a business, profession, or farm					
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total			0.00	_	
monthly net income.	8 a .	\$	0.00	\$	
8b. Interest and dividends	8b.	\$	0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a dep regularly receive	endent				
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	e 8c.	\$	0.00	\$	
8d. Unemployment compensation	8d.	\$	0.00	\$	
8e. Social Security	8e.	\$	0.00	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash ass that you receive, such as food stamps (benefits under the Supplemer Nutrition Assistance Program) or housing subsidies. Specify:	ntal	\$	0.00	\$	
	01.	Ψ		Ψ	
8g. Pension or retirement income	8g.	\$	0.00	\$	
8h. Other monthly income. Specify:	8h.	+\$_	0.00	+\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	0.00	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	2,092.33	+ \$0.00	= \$ <u>2,092.33</u>
11. State all other regular contributions to the expenses that you list in S Include contributions from an unmarried partner, members of your househ friends or relatives.			ents, your roo	mmates, and other	
Do not include any amounts already included in lines 2-10 or amounts that	t are not av	/ailable	to pay expen	ses listed in Schedule J.	
Specify:	· -			11. •	+ \$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. Write that amount on the Summary of Your Assets and Liabilities and Cert				•	\$2,092.33
					Combined monthly income
13. Do you expect an increase or decrease within the year after you file to 13. No.	this form?	•			
☐ Yes. Explain:					

Fill in this information to identif	y your case:			
Debtor 1 MARTHA M. JAC	CKSON Middle Name Last Name	Check if this	is:	
Debtor 2 (Spouse, if filing) First Name United States Bankruptcy Court for the	Middle Name Last Namo		•	petition chapter 13 g date:
Case number (If known)		MM / DD/	YYYY	
Official Form 106J	_			
Schedule J: Yo	our Expenses			12/15
information. If more space is nee (if known). Answer every questio				
 Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a 	separate household?			
☐ No☐ Yes. Debtor 2 must	file Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
2. Do you have dependents?	□ No	Dependent's relationship to	Dependent's	Does dependent live
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2	age	with you?
Do not state the dependents' names.		PARENT	<u>71</u>	□ No ☑ Yes
		UNCLE	<u>65</u>	□ No ☑ Yes
		<u> </u>		□ No
				☐ Yes ☐ No
				☐ Yes
				□ No □ Yes
Do your expenses include expenses of people other than yourself and your dependents?				
Part 2: Estimate Your Ongo	oing Monthly Expenses			
	ur bankruptcy filing date unless you a ankruptcy is filed. If this is a suppleme			
· · · · · · · · · · · · · · · · · · ·	on-cash government assistance if you ed it on Sc <i>hedule I: Your Income</i> (Offi		Your expe	nses
4. The rental or home ownership any rent for the ground or lot.	expenses for your residence. Include	first mortgage payments and	4. \$	0.00
If not included in line 4:				50.00
4a. Real estate taxes			4a. \$	50.00
4b. Property, homeowner's, or			4b. \$	0.00
4c. Home maintenance, repair			4c. \$	25.00
4d. Homeowner's association			4d. \$	0.00
Official Form 1065-51573-pjs	Doc 1 Filed 08/19/16 Filed Schedule 1: Your	Entered 08/19/16 11:19:	40 Page 41	of 61 _{page 1}

Case number (if known)

			Your expens	ies
5.	Additional mortgage payments for your residence, such as home equity loans	5 .	\$	0.00
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	195.00
	6b. Water, sewer, garbage collection	6b.	\$	125.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	298.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	400.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	50.00
10.	Personal care products and services	10.	\$	75.00
11.	- m · · · · · · · ·	11.	\$	0.00
12.	Transportation. Include gas, maintenance, bus or train fare.		•	175.00
	Do not include car payments.	12.	⊅	
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	40.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	95.00
	15c. Vehicle insurance	15c.	\$	184.00
	15d. Other insurance. Specify:	15d.	\$	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	389.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify: STUDENT LOANS	17c.	\$	29.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	1e.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	
	20c. Property, homeowner's, or renter's insurance	20c.	\$	
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

_		
De	btor	1

MARTHA M. JACKSON

Case number (if known)

21. Other. Specify:

0.00 21.

22. Calculate your monthly expenses.

- 22a. Add lines 4 through 21.
- 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2
- 22c. Add line 22a and 22b. The result is your monthly expenses.

2,130.00 22a. 0.00 22b. 2,130.00 22c.

23. Calculate your monthly net income.

- Copy line 12 (your combined monthly income) from Schedule I. 23a.
- Copy your monthly expenses from line 22c above. 23b.
- 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.

- 2,092.33 23a.
- 2,130.00 23h
- -37.67 23c

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

Mo.

☐ Yes.

Explain here:

Fill in this in	formation to identify	your case:			
Debtor 1	MARTHA M. JAC	CKSON			
	First Name	Middle Name	Last Name	_	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	-	
United States	Bankruptcy Court for the:	Eastern District of Mic	chigan		
Case number					
(a kaowin)					☐ Check if this is
					amended filing
Officia	l Form 106D	ec			
Decl	aration A	bout an I	ndividual I	Debtor's Schedules	12/15
		_		upplying correct information.	
				d schedules. Making a false statement, cor	
_		y fraud in connection 2, 1341, 1519, and 357		can result in fines up to \$250,000, or impr	Somment for up to 20
•					
	ı				
	Sign Below				
Did yo	u pay or agree to pay	someone who is NO	T an attorney to help yo	ou fill out bankruptcy forms?	
☑ No					
☐ Ye	s. Name of person			Attach Bankruptcy Petition Preparer's Notice, De	claration, and
				Signature (Official Form 119).	
			ad the summary and sci	nedules filed with this declaration and	
that th	ey are true and corre	ct.			
x W	March One	han	×		
Signat	Marcha ferc ure of Debtor 1	<u> </u>	Signature of Debt	or 2	
3.3			-		
Date _	08 17 Z016		Date	Y	

Fill in this information to identify your case:			
Debtor 1 MARTHA M. JACKSON First Name Middle Name	-		
Debtor 2	Last Name		
(Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: Eastern District o	f Michigan		
Case number(ff known)	<u> </u>		Check if this is an
			amended filing
Official Farms 407			
Official Form 107 Statement of Financial Affa	ire for Indivi	iduals Filing for Bankruptcy	
Be as complete and accurate as possible. If two ma	arried people are filing	together, both are equally responsible for supplying	ng correct
information. If more space is needed, attach a sepa number (if known). Answer every question.	arate sheet to this form	n. On the top of any additional pages, write your na	me and case
Part 1: Give Details About Your Marital S	tatus and Where Yo	u Lived Before	
What is your current marital status?			
☐ Married			
Not married			
 During the last 3 years, have you lived anywher No 	re other than where yo	ou live now?	
Yes. List all of the places you lived in the last	3 years. Do not include	where you live now.	
Debtor 1:	Dates Debtor 1	Debtor 2:	Dates Debtor 2
	lived there		lived there
		☐ Same as Debtor 1	☐ Same as Debtor 1
7203 MAXWELL	From 06/01/2013	3	From
Number Street	To 0 <u>7/01/20</u> 14	Number Street	To
WARREN MI 48091		-	
City State ZIP Code		City State ZIP Code	· · · · · · · · · · · · · ·
		☐ Same as Debtor 1	☐ Same as Debtor 1
	From		From
Number Street	То	Number Street	То
			
City State ZIP Code		City State ZIP Code	
3. Within the last 8 years, did you ever live with a	snouse or legal equiv	ralent in a community property state or territory? (C	Community property
states and territories include Arizona, California, Id		a, New Mexico, Puerto Rico, Texas, Washington, and	
☑ No	0.11440515	40011)	
☐ Yes. Make sure you fill out <i>Schedule H:</i> Your (Codebiors (Official Form	i luon).	
<u> </u>			··· - ·· · - ·
Part 2: Explain the Sources of Your Income	e		

Debtor 1

MARTHA M. JACKSON

_			
	l ast	Nam	١

0		
Case number @ kn	own)	

Did you have any income from employment Fill in the total amount of income you received If you are filing a joint case and you have inco	from all jobs and all busi	nesses, including part-tir	ne activities.	ndar years?
☑ No ☑ Yes. Fill in the details.				
Tes. I in in the details.	Debtor 1		Debtor/2	
į			TOWNER TOWNS A SHEET OF	<u> </u>
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$20,875.17	Wages, commissions, bonuses, tips□ Operating a business	\$
For last calendar year:	Wages, commissions, bonuses, tips	\$ 32,541.00	Wages, commissions, bonuses, tips	\$
(January 1 to December 31, 2015	Operating a business		Operating a business	
For the calendar year before that:	Wages, commissions, bonuses, tips	s 29,793.00	Wages, commissions, bonuses, tips	
(January 1 to December 31, 2014	Operating a business	\$29,793.00	Operating a business	\$
Did you receive any other income during the Include income regardless of whether that income unemployment, and other public benefit paymagambling and lottery winnings. If you are filing List each source and the gross income from expressions.	ome is taxable. Examples ents; pensions; rental inco a joint case and you have	of other income are alinome; interest; dividends; a income that you receive	money collected from laws ed together, list it only once	suits; royalties; and
Include income regardless of whether that incounter unemployment, and other public benefit paymagambling and lottery winnings. If you are filing	ome is taxable. Examples ents; pensions; rental income a joint case and you have ach source separately. Do	of other income are alinome; interest; dividends; a income that you receive	money collected from laws ed together, list it only once	suits; royalties; and
Include income regardless of whether that income unemployment, and other public benefit paymegambling and lottery winnings. If you are filing List each source and the gross income from each No	ome is taxable. Examples ents; pensions; rental inco a joint case and you have	of other income are alinome; interest; dividends; a income that you receive	money collected from laws ed together, list it only once t you listed in line 4.	suits; royalties; and
Include income regardless of whether that income unemployment, and other public benefit paymegambling and lottery winnings. If you are filing List each source and the gross income from each No	ome is taxable. Examples ents; pensions; rental income a joint case and you have ach source separately. Departed to be sources of income	of other income are alinome; interest; dividends; a income that you receive not include income that Gross Income from each source (before deductions and	money collected from lawsed together, list it only once tyou listed in line 4. Debtor 2 Sources of Income	suits; royalties; and e under Debtor 1. Gross Income from each source (before deductions and
Include income regardless of whether that income unemployment, and other public benefit paymagambling and lottery winnings. If you are filing List each source and the gross income from each of No Yes. Fill in the details. From January 1 of current year until	ome is taxable. Examples ents; pensions; rental income a joint case and you have ach source separately. Departed to be sources of income	of other income are alinome; interest; dividends; a income that you received not include income that on not include income that Gross Income from each source (before deductions and exclusions)	money collected from lawsed together, list it only once tyou listed in line 4. Debtor 2 Sources of Income	suits; royalties; and e under Debtor 1. Gross Income from each source (before deductions and
Include income regardless of whether that income unemployment, and other public benefit paymagambling and lottery winnings. If you are filing List each source and the gross income from each of No Yes. Fill in the details. From January 1 of current year until	ome is taxable. Examples ents; pensions; rental income a joint case and you have ach source separately. Departed to be sources of income	of other income are alinome; interest; dividends; a income that you received not include income that on not include income that Gross Income from each source (before deductions and exclusions)	money collected from lawsed together, list it only once tyou listed in line 4. Debtor 2 Sources of Income	suits; royalties; and e under Debtor 1. Gross Income from each source (before deductions and
Include income regardless of whether that income unemployment, and other public benefit payment gambling and lottery winnings. If you are filing List each source and the gross income from each No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2015	ome is taxable. Examples ents; pensions; rental income a joint case and you have ach source separately. Departed to be sources of income	of other income are alinome; interest; dividends; a income that you received not include income that on not include income that Gross Income from each source (before deductions and exclusions)	money collected from lawsed together, list it only once tyou listed in line 4. Debtor 2 Sources of Income	suits; royalties; and e under Debtor 1. Gross Income from each source (before deductions and
Include income regardless of whether that income unemployment, and other public benefit payment gambling and lottery winnings. If you are filing List each source and the gross income from each No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year:	ome is taxable. Examples ents; pensions; rental income a joint case and you have ach source separately. Departed to be sources of income	of other income are alinome; interest; dividends; a income that you received not include income that on not include income that Gross Income from each source (before deductions and exclusions)	money collected from lawsed together, list it only once tyou listed in line 4. Debtor 2 Sources of Income	suits; royalties; and e under Debtor 1. Gross Income from each source (before deductions and
Include income regardless of whether that income unemployment, and other public benefit payment gambling and lottery winnings. If you are filing List each source and the gross income from each No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2015	ome is taxable. Examples ents; pensions; rental income a joint case and you have ach source separately. Departed to be sources of income	of other income are alinome; interest; dividends; a income that you received not include income that on not include income that Gross Income from each source (before deductions and exclusions)	money collected from lawsed together, list it only once tyou listed in line 4. Debtor 2 Sources of Income	suits; royalties; and e under Debtor 1. Gross Income from each source (before deductions and
Include income regardless of whether that income unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from each No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2015	ome is taxable. Examples ents; pensions; rental income a joint case and you have ach source separately. Departed to be sources of income	of other income are alinome; interest; dividends; a income that you received not include income that on not include income that Gross Income from each source (before deductions and exclusions)	money collected from lawsed together, list it only once tyou listed in line 4. Debtor 2 Sources of Income	suits; royalties; and e under Debtor 1. Gross Income from each source (before deductions and

Debtor 1

MARTHA M. JACKSON

_		
•	 Nia	_

Case number (# known)	
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Part 3:

6.

List Certain Payments You Made Before You Filed for Bankruptcy

Are eith	er De	btor 1's or Deb	tor 2's del	ots primarily c	onsumer debts	?				
□ No.	"incu	her Debtor 1 no irred by an indivi ng the 90 days b	dual prima	rily for a perso	nal, family, or ho	usehold pui	pose."		111 U.S.C. § 1010 more?	(8) as
	_	No. Go to line 7.	•							
		res. List below e	t you paid	that creditor. D	paid a total of \$ o not include pa ot include payme	yments for o	lomestic supp	ort oblig	ations, such as	
	* Sul	• •		•	• •		-	-	e of adjustment.	
☑ Yes	Dehi	tor 1 or Debtor	2 or both i	have primarily	consumer deb	ts.				
		ng the 90 days b					or a total of \$6	00 or mo	ore?	
		No. Go to line 7.								
	,	res. List below e creditor. Do	not include	e payments for	paid a total of \$ domestic suppo	rt obligation	s, such as ch	ild suppo		
					Dates of payment	Total amou	ınt paid	Amoun	t you still owe	Was this payment for
		EXTRA CRE	DIT UN	ION	07/22/2016	\$	750.00	\$	5,583.00	☐ Mortgage
		6611 CHICA	GO RO	AD	07/08/2016					☐ Credit card
					06/24/2016					Loan repayment
		WARREN	MI	48092						Suppliers or vendors Other
		City	State	ZIP Code						Uther
								_		_
		Creditor's Name				\$		\$		☐ Mortgage
										Car
		Number Street								☐ Credit card ☐ Loan repayment
										Suppliers or vendors
		City	State	ZIP Code						Other
						\$		\$		☐ Mortgage
		Creditor's Name					-		-	☐ Car
										Credit card
		Number Street								Loan repayment
										☐ Suppliers or vendors
		City	Ctata	ZIP Code						☐ Other
		City	State	ZIP GOGB						

Debtor	1	

7.

8.

MARTHA M. JACKSON Case number (if known) Middle Name Last Name

Within 1 year before you filed for bankruptcy, did y Insiders include your relatives; any general partners; re corporations of which you are an officer, director, pers agent, including one for a business you operate as a s such as child support and alimony.	elatives of any on in control, o	general partners; p r owner of 20% or r	artnerships of whic more of their voting	h you are a general partner; securities; and any managing
⊠ No				
Yes. List all payments to an insider.				
Tes. List all payments to an inside.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name	·	\$	\$	
nada a ramo				
Number Street	·			
				
Old 7/0 Code				
City State ZIP Code	,			
		\$	\$	
Insider's Name	•			
Number Street				
Number Sueet				
	·			
City State ZIP Code				
an insider? Include payments on debts guaranteed or cosigned by No Yes. List all payments that benefited an insider.	y an insider. Dates of payment	Total amount paid	Amount you still owe	Reason for this payment include creditor's name
Insider's Name	·	\$	\$	
Number Street				
City State ZIP Code	•			
		\$	_ \$	
Insider's Name	-			
Number Street				
Hambor Groot				
Nambor Chook				ı
Number Greek				

Debtor 1

in 1 year before you filed for bankr all such matters, including personal in contract disputes.					
lo 'es. Fill in the details.					
os. I ili ili dio dotalio.	Nature	of the case	Court or agency		Status of the cas
Case title CIVIL	COLL	CASE FILED ON ECTION INCLUDED NKRUPTCY FILING	36 TH DISTRICT Court Name 421 MADISON	COURT	— ✓ Pending ☐ On appeal
Case number 16-112970			Number Street DETROIT City Stat	MI 48226 te ZIP Code	Concluded
Case title			Court Name		─ ☐ Pending☐ On appeal
Case number	<u> </u>		Number Street		Concluded
in 1 year before you filed for bankr k all that apply and fill in the details b		any of your property repo	City States		 I, seized, or levied
in 1 year before you filed for bankr k all that apply and fill in the details b lo. Go to line 11.		any of your property repo			
in 1 year before you filed for bankr k all that apply and fill in the details b o. Go to line 11.				arnished, attached	I, seized, or levied
in 1 year before you filed for bankr k all that apply and fill in the details b o. Go to line 11. es. Fill in the information below.				arnished, attached	
in 1 year before you filed for bankrick all that apply and fill in the details below. Yes. Fill in the information below. Creditor's Name		Describe the property	essessed, foreclosed, ga	arnished, attached	
in 1 year before you filed for bankrick all that apply and fill in the details belo. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street		Explain what happened Property was repose Property was forectory was garni Property was attactory	essessed, foreclosed, ga	Date	Value of the prope
in 1 year before you filed for bankrick all that apply and fill in the details belo. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	pelow.	Explain what happened Property was repos Property was forect Property was garni	essessed, foreclosed, gassessed.	arnished, attached	
in 1 year before you filed for bankrick all that apply and fill in the details belo. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	pelow.	Explain what happened Property was repose Property was forectory was garni Property was attactory	essessed, foreclosed, gassessed.	Date	Value of the prope
in 1 year before you filed for bankrick all that apply and fill in the details belo. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State 2	pelow.	Explain what happened Property was repose Property was forectory was garni Property was attactory	essessed, foreclosed, gassessed.	Date	Value of the prope

Official Form 107 16-51573-pjs Property was foreclosed.Property was garnished.

☐ Property was attached, seized, or levied.

State ZIP Code

MARTHA M. JACKSON

Last Name

counts or refuse to make a payment bec	ause you owed a dest.		
Yes. Fill in the details.			
	Describe the continue the condition to	Data anti-s	A
	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name			
Number Street	- -		\$
Number Suest			
	<u>.</u> .		
City State ZIP Code	Last 4 digits of account number: XXXX		
•			
reditors, a court-appointed receiver, a cus Mo Yes	stocial, of another official:		
	41		
15: List Certain Gifts and Contribu	Itions		
/ithin 2 years before you filed for bankrup	tcy, did you give any gifts with a total value of mo	ore than \$600 per person?	
Ž No	,,,	• •	
Yes. Fill in the details for each gift.			
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Gifts with a total value of more than \$600	Describe the gifts		
Gifts with a total value of more than \$600	Describe the gifts		V atue
Gifts with a total value of more than \$600 per person	Describe the gifts		
Gifts with a total value of more than \$600 per person	Describe the gifts		
Gifts with a total value of more than \$600 per person	Describe the gifts		
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street	Describe the gifts		
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift	Describe the gifts		
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street	Describe the gifts	the gifts	
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code		the gifts	
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600		Dates you gave	\$ \$
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600		Dates you gave	\$ \$
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		Dates you gave	\$ \$
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		Dates you gave	\$ \$
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZiP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift		Dates you gave	\$ \$
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		Dates you gave	\$ \$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift		Dates you gave	\$ \$

Case number (if known)_

First Name Middle Name	Last Namo	number (if known)	
in 2 years before you filed for bank	ruptcy, did you give any gifts or contributions v	vith a total value of more than \$6	600 to any charity
No			
Yes. Fill in the details for each gift or o	ontribution.		
Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name	_		\$
	_		\$
Number Street			
City State ZIP Code			
List Certain Losses			
nin 1 year hefere you filed for hankr	uptcy or since you filed for bankruptcy, did you	lose anything because of theft	fire other

2	No Yes. Fill in the details.			
_	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
				\$
Part '	List Certain Payments or Tra	nsfers	a) - 749 - 14	
yo	u consulted about seeking bankruptcy	otcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? reparers, or credit counseling agencies for services required in you		to anyone
	No Yes. Fill in the details.	оранов, от отоен солности даденов то	,	
	Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Number Street			\$

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ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Dο	htor	1

MARTHA M. JACKSON First Name Middle Name Las	st Name	Case number (if known)		
	Description and value of any property	transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid				•
Number Street	- i			\$
	· -			\$
City State ZIP Code	-			
Email or website address	_			
Person Who Made the Payment, if Not You				
emised to help you deal with your cred not include any payment or transfer that No Yes. Fill in the details.		editors?		
	Description and value of any property	r transferred	Date payment or transfer was made	Amount of pay
Person Who Was Paid			made	
Number Street	i I			\$
	- .			\$
thin 2 years before you filed for bankru nsferred in the ordinary course of your lude both outright transfers and transfers not include gifts and transfers that you ha No Yes. Fill in the details.	business or financial affairs? made as security (such as the granting			
	Description and value of property transferred	Describe any property or debts paid in exchar		Date transi was made
Person Who Received Transfer				
Number Street				
City State ZIP Code				1
Person's relationship to you				
Person Who Received Transfer				į
Number Street				
Number Street City State ZIP Code				

Debtor	1	

MARTHA M. JACKSON

Middle Name

Last Name

Description and value of the prope	rty transferred		Date transfer was made
• • • • • • • • • • • • • • • • • • • •	•		
• • • • • • • • • • • • • • • • • • • •	•		
			was made
			;
Instruments, Safe Deposit	Boxes, and Storage	e Units	
			t 674
, were any financial accounts o	r instruments neia in j	your name, or for your	benent,
an other financial accounts, costi	licator of damenit, abo	and in banks, and it is	
		res in banks, credit un	ions,
Last 4 digits of account number	Type of account or	Data account was	Last balance befo
Last 4 digits of account number	instrument	closed, sold, moved,	closing or transfe
		or transferred	
	D acception		•
XXXX	•		\$
	_		
	· ·		
	_		
	Other	- • · · · · · · · · · · · · · · · · · ·	
xxxx	☐ Checking		\$
	☐ Savings		
	☐ Money market		
	· ·		
	Other		
	y, were any financial accounts or other financial accounts; certifives, associations, and other fin Last 4 digits of account number	y, were any financial accounts or instruments held in yor other financial accounts; certificates of deposit; shalives, associations, and other financial institutions. Last 4 digits of account number Type of account or instrument XXXX	Last 4 digits of account number Type of account or instrument Closed, sold, moved, or transferred XXXX

Case number (# known)

Debtor 1

MARTHA M. JACKSON

	Name Middle Name	Last Name	Ca	se number (if known)	
. Have you sto	red property in a storage	unit or place other than your hor	ne within 1 yea	r before you filed for bankrupto	y?
☑ No □ Yes Fill i	n the details.				
	tilo domilo:	Who else has or had access	to it?	Describe the contents	Do you sti
				a managaran samatan samatan sa sa s	have it?
Name of	Phonone Facility	Name		•	☐ No
Hailio Oi -	Storage Facility	Name			☐ Yes
Number	Street	Number Street		•	
		CityState ZiP Code			İ
- C'1	2/ - 7/2	<u> </u>			
City	State ZIP Co	Φ		· · · · · · · · · · · · · · · · · ·	
Part 9: Id	entify Property You H	old or Control for Someone I	Else		
23. Do you hold	or control any property t	hat someone else owns? Include	any property y	ou borrowed from are storing	for
or hold in tr	ust for someone.		any property y	ou borrowed from, are storing	101,
₩ No					
₩ Yes. Fill	in the details.	Miles de Alexandres de O		Barantha dha ann an d	
		Where is the property?		Describe the property	Value
Owner's	Namo				•
		Number Street		.	Ψ
Number	Street	—— Number Street			1
		_	_	- <u>-</u>	
City	State ZIP Co	— City State	e ZIP Code		
Part 10: Gi	ive Details About Envi	ronmental information			
or the purposi	e of Part 10, the following	definitions apply:			
	•	, state, or local statute or regulat	tion concerning	pollution, contamination, relea	ases of
		es, or material into the air, land, s trolling the cleanup of these subs		· ·	ium,
		operty as defined under any env			o or
		tilize it, including disposal sites.		, whether you now own, operat	e, 01
		n environmental law defines as a		ste, hazardous substance, toxi	ic
_		tant, contaminant, or similar term			
Report all notic	es, releases, and proceed	lings that you know about, regard	dless of when t	hey occurred.	
24. Has any gov	ernmental unit notified yo	u that you may be liable or poter	ntially liable und	der or in violation of an environ	mental law?
⊠Í No					
_	in the details.				
		Governmental unit	Environi	mental law, if you know it	Date of notice
				the second secon	
•••					_
Name of sit		Governmental unit			

City

Number Street

State

ZIP Code

State ZIP Code

Number Street

City

	Last Name	Case number (# known)	
☑ No	tal unit of any release of hazardous mate	rial?	
Yes. Fill in the details.	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_	
Number Street	Number Street		<u> </u>
	City State ZIP Code	_	
City State Zi	P Code		· decides · · ·
Have you been a party in any judio ☑ No	cial or administrative proceeding under a	ny environmental law? Include settleme	ents and orders.
Yes. Fill in the details.			Chahua af tha
	Court or agency	Nature of the case	Status of the case
Case title			Pending
	Court Name		On appea
	Number Street		☐ Conclude
Case number	City State ZIP Co	ode	
	City State ZIP Co		
Within 4 years before you filed for A sole proprietor or self-en A member of a limited liabi A partner in a partnership An officer, director, or man	our Business or Connections to Any bankruptcy, did you own a business or I apployed in a trade, profession, or other a allity company (LLC) or limited liability par agging executive of a corporation	y Business have any of the following connections to activity, either full-time or part-time thership (LLP)	to any business?
Within 4 years before you filed for A sole proprietor or self-en A member of a limited liabi A partner in a partnership An officer, director, or man An owner of at least 5% of	our Business or Connections to Any bankruptcy, did you own a business or I apployed in a trade, profession, or other a dility company (LLC) or limited liability par aging executive of a corporation the voting or equity securities of a corpo	y Business have any of the following connections to activity, either full-time or part-time thership (LLP)	to any business?
Within 4 years before you filed for A sole proprietor or self-en A member of a limited liabi A partner in a partnership An officer, director, or man An owner of at least 5% of	our Business or Connections to Any bankruptcy, did you own a business or I apployed in a trade, profession, or other a dility company (LLC) or limited liability par aging executive of a corporation the voting or equity securities of a corpo	y Business have any of the following connections to activity, either full-time or part-time etnership (LLP) pration siness.	
rt 11: Give Details About Y Within 4 years before you filed for A sole proprietor or self-en A member of a limited liabi A partner in a partnership An officer, director, or man An owner of at least 5% of	Four Business or Connections to Any bankruptcy, did you own a business or imployed in a trade, profession, or other a fility company (LLC) or limited liability paraging executive of a corporation the voting or equity securities of a corporation. Go to Part 12.	have any of the following connections to the civity, either full-time or part-time etnership (LLP) pration siness. Employer Identification on to include Social	ion number Il Security number or ITIN.
Within 4 years before you filed for A sole proprietor or self-en A member of a limited liabi A partner in a partnership An officer, director, or man An owner of at least 5% of No. None of the above applies Yes. Check all that apply above	Four Business or Connections to Any bankruptcy, did you own a business or imployed in a trade, profession, or other a sility company (LLC) or limited liability paraging executive of a corporation the voting or equity securities of a corporation. Go to Part 12.	have any of the following connections to activity, either full-time or part-time ethership (LLP) pration siness. Employer Identificati Do not include Socia	ion number al Security number or ITIN.
Within 4 years before you filed for A sole proprietor or self-en A member of a limited liabi A partner in a partnership An officer, director, or man An owner of at least 5% of No. None of the above applies. Yes. Check all that apply above	Four Business or Connections to Any bankruptcy, did you own a business or imployed in a trade, profession, or other a sility company (LLC) or limited liability paraging executive of a corporation the voting or equity securities of a corporation. Go to Part 12. The end fill in the details below for each business of the business of the securities of the business of the securities.	have any of the following connections to activity, either full-time or part-time ethership (LLP) pration siness. Employer Identificati Do not include Socia	ion number Il Security number or ITIN.

Official Form 107 16-51573-pjs

City

Business Name

Number Street

State ZIP Code

Name of accountant or bookkeeper

__ To

Dates business existed

From

Debtor 1

MARTHA M. JACKSON First Name Middle Name	Last Name Cas	se number (# known)
	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
City State ZIP C	odo	From To
tutions, creditors, or other partie	ankruptcy, did you give a financial statement to ares.	nyone about your business? Include all financial
lo 'es. Fill in the details below.		
	Date issued	
Name	MM / DD / YYYY	
Number Street		
City State ZIP Co	ode	
Sign Below		
4 Sign below		
swers are true and correct. I unde	se can result in fines up to \$250,000, or imprisonn	property, or obtaining money or property by fraud
Marthu Juchour Signature of Debtor	*	
Signature of Debto 1	Signature of Debtor 2	
Date 08 17 2016	Date	
you attach additional pages to)	our Statement of Financial Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?
No Yes		
you pay or agree to pay someon	e who is not an attorney to help you fill out bankı	ruptcy forms?
		Attach the Bankruptcy Petition Preparer's Notice,

		ming your ouse.	
Debtor 1	MARTHA M.		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States B	lanksintov Court fo	r the: Eastern District of M	ichigan
Officed States D	alikiupicy Court to	tille. Lastern District of W	ichiyan
Case number			
(If known)			

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule Ca
Creditor's EXTRA CREDIT UNION	☐ Surrender the property.	□ No
Tighte.	Retain the property and redeem it.	☑ Yes
Description of 2008 JEEP CHEROKEE property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
occurring door.	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's name:	☐ Surrender the property.	□ No
	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
••••••••••	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
-	☐ Retain the property and [explain]:	
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D-64	_
Debtor	1

MARTHA M. JACKSON			Case number (If known)
First Namo	Middle Name	Last Name	(

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property	leases		Will the lease be assure	ıed?
Lessor's name:			□ No	
Description of leased property:			Yes	
Lessor's name:			□ No	
Description of leased property:			Yes	
Lessor's name:			□ No	
Description of leased property:			☐ Yes	
Lessor's name:			□ No	
Description of leased property:			Yes	
Lessor's name:			□ No	
Description of leased property:			☐ Yes	
Lessor's name:			□ No	
Description of leased property:			☐ Yes	
Lessor's name:			□ No	
Description of leased property:		<u> </u>	Yes	
rt 3: Sign Below				
Inder penalty of perjury, I declare that I haversonal property that is subject to an unex	e indicated my intention about a	any property of my	estate that secures a debt and any	
•	pired lease.			
Marcha Jackson Signature of Debtor 1	Signature of Debtor 2		 	

36 TH DISTRICT COURT 421 MADISON AVE DETROIT, MI 48226

ALLY FINANCIAL P.O. BOX 380901 BLOOMINGTON, MN 55438

AMCOL SYSTEMS INC PO BOX 21625 COLUMBIA, SC 29221

CAPITAL ONE BANK PO BOX 30281 SALT LAKE CITY, UT 84130

CMI 4200 INTERNATIONAL PKWY CARROLLTON, TX 75007

COMENITY BANK PO BOX 182120 COLUMBUS, OH 43218

DEBUCK CONSTRUCTION INC 6226 AUBURN ROAD STE 1 SHELBY TWP, MI 48317

DEPT OF ED / NELNET 3015 PARKER RD SUITE 400 AURORA, CO 80014

DTE ONE ENERGY PLAZA DETROIT, MI 48226

ENHANCED RECOVERY
P O Box 57547
JACKSONVILLE, FL 32241

EXTRA CREDIT UNION 6611 CHICAGO RD WARREN, MI 48092-1685 FEDLOAN SERVICING PO BOX 60610 HARRISBURG, PA 17106

FIRST PREMIER BANK 3820 N LOUISE AVE SIOUX FALLS, SD 57107

HELVEY AND ASSOCIATES 1015 E CENTER ST WARSAW, IN 46580

HENRY FORD PO BOX 673835 DETROIT, MI 48267

HOWARD DUBIN 377483 DEQUINDER SUITE 205 MADISON HEIGHTS, MI 48071

KEVIN L. HOLST DAVID M. GREENBAUM 120 CORPORATE BLVD NORFOLK, VA 23502

MIDLAND FUNDING LLC 2365 NORTHSIDE DRIVE SUITE 300 SAN DIEGO, CA 92108

PORTFOLIO RECOVERY 120 CORPORATE BLVD NORFOLK, VA 23502

RAYMOND DE BUCK JR 48858 KINGS DR SHELBY TWP, MI 48315

SYNCB P.O. BOX 965036 ORLANDO, FL 32896

TMG FINANCIAL 1500 NW 118TH ST DES MOINES, IA 50325 UNITED CONSUMER 865 BASSETT RD WESTLAKE, OH 44145

WEBBANK 6250 RIDGEWOOD RD SAINT CLOUD, MN 56303